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THE MARYLAND PHARMACIST

PROCEEDINGS NUMBER 1963

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VOLUME XXXIX - NO. 1

October 1963

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INDICATIONS: Vitamin-mineral combination for nutritional support during pregnancy and lactation. DOSAGE: One Kapseal daily. CAUTION: Do not exceed recommended dosage. Not to be used in areas where drinking water contains fluoride in excess of 0.7 p.p.m. Excessive ingestion of fluoride may cause fluorosis. Eczema, atopic dermatitis, and urticaria have been associated with the ingestion of fluoride. SUPPLIED: Bottles of 100 and 1,000 Kapseals.

INDICATIONS: Vitamin-fluoride supplementation for children under 3 years of age. DOSAGE: Infants and children under 3 years of age, 0.6 cc. daily. CAUTION: Do not exceed recommended dosage. Not to be used in areas where drinking water contains fluoride in excess of 0.7 p.p.m. Excessive ingestion of fluoride may cause fluorosis. Eczema, atopic dermatitis, and urticaria have been associated with the ingestion of fluoride. SUPPLIED: Plastic bottles of 30 cc. with graduated droppers.

INDICATIONS: Vitamin-mineral nutritional supplementation for children 3 years of age or older. DOSAGE: One tablet daily. CAUTION: Do not exceed recommended dosage. Not to be used in areas where drinking water contains fluoride in excess of 0.7 p.p.m. Excessive ingestion of fluoride may cause fluorosis. Eczema, atopic dermatitis, and urticaria have been associated with the ingestion of fluoride. SUPPLIED: Bottles of 50 three-layered chewable tablets.

"NATABEC," "KAPSEALS," "PALAFLOR," TRADEMARK, P. D. & CO.

The Maryland Pharmacist

PUBLISHED MONTHLY BY THE
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NATHAN I. GRUZ, Editor
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VLOUME XXXIX OCTOBER, 1963 No. 1

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1963 - 1964

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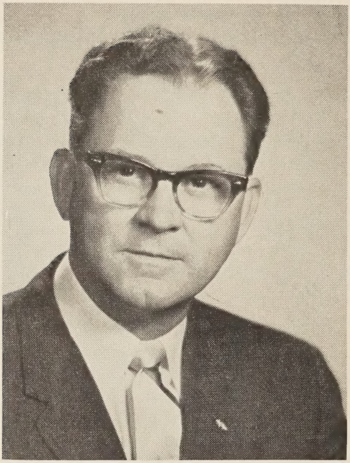

WILLIAM A. COOLEY

MARYLAND PHARMACEUTICAL ASSOCIATION

1963-1964

FOREWORD

This issue is the annual Proceedings number of THE MARYLAND PHARMACIST, the official organ of the Maryland Pharmaceutical Association, published as the record of the activities of the Association for the Association year 1962-63.

The reports of officers and committees indicate in a small degree the great contribution, often at personal sacrifice, of many conscientious members who give freely of their time, efforts and resources for the benefit of all in Pharmacy and those Pharmacy serves.

This issue provides a report of the proceedings at the 81st Convention of the Maryland Pharmaceutical Association held at The Colony Resort Motel, Atlantic City, New Jersey, June 24, 25, 26, 27, 1963. Included are the programs of the Ladies' and Travelers' Auxiliaries.

The consensus of those who were present expressed the view that their attendance was well rewarded by the informative and stimulating programs. The Social Committee, assisted by T.A.M.P.A., planned for an enjoyable time after business sessions.

The Proceedings Issue, in addition, contains valuable information and reference material, such as the roster of registered pharmacists, the membership rolls of the Association and of T.A.M.P.A.

The reports of the University of Maryland School of Pharmacy and the Maryland Board of Pharmacy are important features. This information is available in no other publication. You will find it useful to keep the Proceedings Issue for reference.

For a detailed list of the contents an index for your convenience is provided at the beginning of the advertising section at the back of this issue.

The Proceedings Issue reflects part of the broad scope of interest, activities and services encompassed by the Maryland Pharmaceutical Association, the pharmacists of Maryland and those allied with the practice of pharmacy. It indicates that the pharmacists of Maryland approach the practice of pharmacy as a profession, whether engaged in community practice, hospital pharmacy, education, manufacturing, distribution, enforcement or otherwise.

Through his professional Association, the pharmacist works with his colleagues to advance the profession of pharmacy so that it may be in a position to better serve the public interest which must always be paramount.

If this issue succeeds in an effort to provide some insight to both the membership and the subscribers of the "state of pharmacy" in Maryland and the essential role of pharmacists as members of the health team, the time and effort entailed in publication have been worthwhile.

NATHAN I. GRUZ, Editor

. . . *Proceedings* . . .

of the

Eighty-First Annual Meeting

of the

Maryland Pharmaceutical Association

Held at

COLONY RESORT MOTEL

Atlantic City, New Jersey
June 24, 25, 26, and 27th, 1963

FIRST SESSION

Monday, June 24

The First Session of the 81st Annual Convention was called to order at 2:15 P.M. by President Victor H. Morgenroth, Jr. in the Odyssey Room of the Colony Resort Motel, Atlantic City, New Jersey.

President Morgenroth called the convention to order and extended greetings and welcome to all in attendance.

He recognized a delegation from the New Jersey Pharmaceutical Association, which included President Leonard Rosenstein, President Elect Rosario J. Mannino and Executive Secretary Alvin Geser. President Rosenstein brought a message of greetings on behalf of the New Jersey Pharmaceutical Association.

President Morgenroth then recognized Dean Sprouls of Temple University, Professor Robert E. Abrams who serves as Executive Secretary of the American College of Apothecaries, Emeritus Professor B. Olive Cole and George Straayer, Director of Trade Relations for Schering Corporation.

John F. Wannenwetsch was the winner of the Early Bird Prize, a valuable merchandise gift certificate.

President Morgenroth then presented Robert E. Hitchen, Vice President of the Colony Resort Motel, who extended greetings to the members on behalf of the management. Greetings were also brought from the following: Samuel Wertheimer, Vice President of the Allegany-Garrett County Pharmaceutical Association; Paul Reznek, Secretary of the Prince Georges-Montgomery County Pharmaceutical Association, on behalf of President Dominic Vicino and Milton A. Friedman, President of the Alumni Association, University of Maryland School of Pharmacy.

Executive Secretary Nathan I. Gruz then read the following telegrams: "On behalf of President Gillespie and the officers and members of the American Pharmaceutical Association, please convey to the Maryland pharmacists assembled our warmest greetings and best weshes for a most successful annual meeting. We hope that your deliberations will result in programs which will enhance the opportunities and abilities of Maryland pharmacists to be of professional service to the citizens of your great state. A.Ph.A. will continue to assist you in carrying out this basic mission of pharmacy. (signed) William S. Apple, Executive Director"; "Greetings from the N.A.R.D. You will be delighted to know that more members of congress are sponsors of the Quality Stabilization Bill than ever before and the outlook for the measure is indeed optimistic. Now is it up to us in the drug field and the independent retailers in general to support the legislation with aggressive determination. There is too much at stake for any of us to loiter on the sidelines as observers or to yield to the urges of complacency. I know you independent retail druggists will come through again as well or better than you did last year and last year the drug store owners of the country proved that they still have the spirit needed to impress the members of congress. It was the retailers outside the drug field that failed in support of the Quality Stabilization Bill in 1962. Also the situation in congress encourages the opinion that the unfair retail excise tax on cosmetics, luggage, jewelry, etc. has a good chance to be repealed in the present congress. The N.A.R.D. is in the forefront of the campaign to eliminate the nuisance and the liability of the retail excise tax and we urge you to protest the continuance of the levy to your representative in the house and the two United States senators from Maryland. The 1963 convention of the N.A.R.D. will be held in Chicago, October 6th through 10th. I hope to see many of you in attendance. Kindest personal regards and may your convention be a complete success. (signed) Williard B. Simmons, Executive Secretary."

The President then called for Committee reports.

REPORT OF THE SOCIAL COMMITTEE

William A. Cooley, Chairman

The Social Committee planned programs for two regional meetings.

The first was held in the fall at the Peter Pan Inn, at which meeting we had a Doctor Panel, followed by a question and answer period.

The second was held in the spring at The Washingtonian Motel. We had talks on Pharmacy Ownership Laws by Alvin N. Geser and Joseph S. Kaufman. This was followed by a Testimonial Dinner honoring Mr. Chester Kosakowski for his outstanding work on the Pharmacy Legislation in the past Maryland General Assembly at Annapolis. This was passed only by his efforts.

The committee also held two meetings to make plans for this convention. Various sub-committees were formed and functioned to give you what we believe will be a successful and enjoyable convention. You have the programs giving you the complete listings of all scheduled events to be held at the convention.

The committee also made two trips to Atlantic City to set up procedures for this convention and to check dates for our 1964 convention at either the Colony Motel or the Traymore Hotel.

I want sincerely to thank the members of T.A.M.P.A., L.A.M.P.A., the Secretary's office, and all members of the Social Committee for a job well done. At this time I would like to go a little bit further and extend thanks to Victor Morgenroth, Nate Gruz, Sheeler Read and John Cornmesser for a little bit of extra work that they did to make this a successful convention.

REPORT OF THE TREASURER

Morris Lindenbaum

Presented by John F. Wannenwetsch, Treasurer Emeritus

The treasurer presents a report at each Executive Committee meeting throughout the year. The books have been gone over by the certified public accountant which we retain. Reports of the C.P.A. have been passed out to all present and the result of the audit is as follows:

June Twelfth
Nineteen Hundred Sixty Three

Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore, Maryland

Gentlemen:

We have made an examination of the books and records of the Maryland Pharmaceutical Association, Baltimore, Maryland, for the fiscal year ended May 31, 1963, and submit, herewith, the following Exhibits:

EXHIBIT A—Statement of Cash Receipts and Disbursements—General Fund
EXHIBIT B—Statement of Cash Receipts and Disbursements—The Maryland Pharmacist
EXHIBIT C—Statement of Cash Receipts and Disbursements—Veterans Administration
EXHIBIT D—Statement of Savings Accounts

The above Exhibits cover the fiscal year from June 1, 1962 to May 31, 1963.

The assets of the Association consist of the following as of May 31, 1963.

CASH—$46,165.05

General Association Account	$ 9,413.32
Savings Account General Fund— Union Trust Company of Maryland	10,425.05
Savings Account General Fund Reserve— Reisterstown Federal Savings and Loan Association	3,264.65
Savings Account Pension Fund Reserve— Reisterstown Federal Savings and Loan Association	4,675.21
The Maryland Pharmacist	1,220.15
Savings Account Scholarship Fund— Savings Bank of Baltimore	1,659.54
Savings Account Kelly Memorial—Building Fund— Savings Bank of Baltimore	15,507.13
	$46,165.05

These balances were confirmed by correspondence with the depositories.

INVESTMENTS

United States Treasury Series J Bonds	$8,208.00
Union Trust Company of Maryland 22 Shares of Common Stock—Cost	715.00

The Association owns Series J. Government Bonds purchased in 1955 at a cost of $6,840.00. These bonds will have a maturity value of $9,500.00 in 1967. As of February 1963, the value of these bonds was $8,208.00. The Union Trust Company of Maryland stock represents 22 shares acquired August 3, 1938. We examined these securities at your safe deposit box during the course of our examination.

SUMMARY of ASSETS
as of MAY 31, 1963

Cash	$46,165.05
United States Treasury Series J Bonds at present Redemption Value	8,208.00
Union Trust Company of Maryland Stock at Cost	715.00
TOTAL ASSETS	$55,088.05

In making the audit of the books and records of the Association, we examined cancelled checks, bank statements, payroll records, quarterly payroll tax returns, dues records and paid invoices to the extent we deemed necessary.

Respectfully submitted,
ROBERT W. BLACK
CERTIFIED PUBLIC ACCOUNTANT
BY: ROBERT W. BLACK, C.P.A.

June Twelfth
Nineteen Hundred Sixty Three

Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore, Maryland

We have examined the Statements of Cash Receipts and Disbursements of the Maryland Pharmaceutical Association, Baltimore, Maryland, for the fiscal year ended May 31, 1963 (General Fund, The Maryland Pharmacist, Veterans Administration and Savings Accounts). Our examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying Statements of Cash Receipts and Disbursements fairly present the cash transactions of the Maryland Pharmaceutical Association for the year ended May 31, 1963 (General Fund, The Maryland Pharmacist, Veterans Administration and Savings Accounts).

ROBERT W. BLACK
CERTIFIED PUBLIC ACCOUNTANT

EXHIBIT A

MARYLAND PHARMACEUTICAL ASSOCIATION
BALTIMORE, MARYLAND
STATEMENT of CASH RECEIPTS and DISBURSEMENTS
for the year ending MAY 31, 1963

Cash Balance—June 1, 1962		16,562.57
Receipts		
Dues (Net)	17,895.00	
Convention (Net)	4,949.01	
Baltimore Metropolitan Pharmaceutical Association	5,000.00	
Transferred from Veterans Administration	1,626.75	
Dividends	52.80	
TOTAL RECEIPTS		29,523.56
		46,086.13
Disbursements		
Salaries	18,966.34	
Pension	1,417.92	
Transferred to Pension Savings Account	3,000.00	
Office Expense (Net)	5,040.38	
Heat, Light and Water	959.33	
Taxes—Payroll	721.11	
Professional Relations (Net)	471.77	
Printing	520.44	
Legal	1,750.00	

Auditing	150.00	
Dr. Robert L. Swain—Pharmacy Seminar (Net)	210.70	
S. Solomon—Pharmacy Economics Seminar (Net)	288.27	
Legislative Committee Expense	269.38	
Insurance (Net)	199.58	
Insurance and Pension Committee Expense	61.42	
Advertising	25.00	
Pharmacy Week Committee Expense	316.30	
Fair Trade Committee Expense	267.20	
Regional Meeting (Net)	54.99	
Kelly Memorial Building Fund	1,302.00	
Scholarship Fund (Net)	100.00	
Office Equipment	491.31	
Repairs	6.50	
Public Relations	82.87	
TOTAL DISBURSEMENTS		36,672.81
Cash Balance—May 31, 1963		9,413.32

EXHIBIT B

THE MARYLAND PHARMACIST
STATEMENT of CASH RECEIPTS and DISBURSEMENTS
for the year ended MAY 31, 1963

Cash Balance—June 1, 1962		666.59
Receipts		
Advertising	10,193.55	
Less Discounts	832.65	9,360.90
		10,027.49
Disbursements		
D. Stuart Webb, Inc.—Printing	8,567.34	
Robert L. Swain—Cartoons	240.00	
TOTAL DISBURSEMENTS		8,807.34
Cash Balance—May 31, 1963		1,220.15

EXHIBIT C

VETERANS ADMINISTRATION
STATEMENT of CASH RECEIPTS and DISBURSEMENTS
for the year ended MAY 31, 1963

Cash Balance—June 1, 1962	763.05
Receipts	
Veterans Administration	5,778.23
	6,541.28

Disbursements		
Cost of Prescriptions	4,912.85	
Cost of Check Book	1.68	
Transferred to Maryland Pharmaceutical Association—General Fund	1,626.75	
TOTAL DISBURSEMENTS		6,541.28
Cash Balance—May 31, 1963		None

EXHIBIT D

MARYLAND PHARMACEUTICAL ASSOCIATION
STATEMENT of SAVINGS ACCOUNTS

Scholarship Fund

Balance—June 1, 1962—Savings Bank of Baltimore		1,399.13
Receipts		
Interest	52.41	
Contributions	261.00	313.41
		1,712.54
Disbursements		
Alumni Association—Scholarship Fund		53.00
Balance—May 31, 1963—Savings Bank of Baltimore		1,659.54

Kelly Memorial Fund

Balance—June 1, 1962—Savings Bank of Baltimore		13,249.82
Receipts		
Interest	507.21	
Baltimore Metropolitan Pharmaceutical Association	1,000.00	
Maryland Pharmaceutical Association	1,302.00	2,809.21
		16,059.03
Disbursements		
Repairs and Equipment		551.90
Balance—May 31, 1963—Savings Bank of Balmore		15,507.13

General Fund Savings Account

Balance—June 1, 1962—Union Trust Company of Maryland		10,069.85
Receipts		
Interest		355.20

Balance—May 31, 1963—Union Trust Company of Maryland		10,425.05

Pension Fund

Balance—June 1, 1962—Reisterstown Federal Savings and Loan Association		1,550.40
Receipts		
Interest	124.81	
Maryland Pharmaceutical General Fund	3,000.00	3,124.81
Balance—May 31, 1963—Reisterstown Federal Savings and Loan Association		4,675.21

General Fund Savings Account

Balance—June 1, 1962—Reisterstown Federal Savings and Loan Association	3,100.80
Receipts	
Interest	163.85
Balance—May 31, 1963—Reisterstown Federal Savings and Loan Association	3,264.65

REPORT OF THE AUDITING COMMITTEE

Herman Drukman, Co-Chairman

Because of the illness of Gordon A. Mouat, Chairman of the Auditing Committee, I convened the committee on June 18th. Those present were Treasurer Morris Lindenbaum, Past Treasurer John F. Wannenwetsch, Joseph U. Dorsch, Solomon Weiner and Secretary Gruz.

The audit report of the firm of the C.P.A. firm of Robert W. Black was thoroughly reviewed and approved. The contents of the safe deposit box at the Mercantile Trust Company were inspected previously by Charles E. Spigelmire, Secretary Gruz and Mr. Leonard Rohme of the auditing firm and everything found as reported to you.

FINANCE COMMITTEE REPORT

Gordon A. Mouat, Chairman

Delivered by Irving I. Cohen due to the illness of the Chairman

The basic charge of the Finance Committee is to study the financial operations of the Association and attempt to submit an operating budget that will permit all necessary activities but will keep these expenditures within the limit of the anticipated income of the Association.

The Committee first met on November 20, 1962 in conjunction with representatives of the Baltimore Metropolitan Pharmaceutical Association and other interested members of the Maryland Pharmaceutical Association.

It was very obvious, when the anticipated income was compared with past essential expenditures, that a balanced budget without new sources of income was impossible.

This fact was acknowledged by previous Finance Committee reports where it was necessary to submit a deficit budget. The operating expense of the Association has continued to increase and with constantly increasing activities this expense will probably continue to mount. The only way to submit a budget that was in balance was to utilize $2,250.00 from general funds; that is, from the Association's reserve fund. The preliminary budget was so constructed and then held in abeyance with the thought that additional income might possibly come from anticipated changes in dues and membership structure of the Association.

Because of the time element and other problems, it was not possible to make changes in this income picture for the current year so the budget that had been tentatively arranged was submitted to the Executive Committee. The budget was approved by the Executive Committee at its meeting at the Kelly Memorial Building on January 10, 1963.

A copy of information and figures with which the Finance Committee worked is made part of this report so that all may see the problems encountered in attempting to balance a budget.

	1962 *Estimated Disbursements*	1962 *Actual Disbursements*	1963 *Estimated Budget*
Office Expense	$ 4,000.00	$ 4,191.67	$ 5,000.00
Salaries	18,000.00	18,202.87	19,000.00
Pension	3,000.00	1,500.00) 1,417.92)	3,000.00
Light, Power, Heat, Water ..	900.00	928.04	900.00
Taxes (Payroll)	550.00	696.41	800.00
Insurance	450.00	161.15	150.00
Legal	750.00	750.00	750.00
Audit	150.00	150.00	150.00
Miscellaneous:			
Legislative Committee	1,750.00	80.27	
Professional Relations ..	250.00	151.92	
Pharmacy Week Committee	250.00	425.66	
Fair Trade Committee ...		845.94	
Office Equipment		491.31	
Simon Solomon Seminar .		315.66	
Other Misc.	450.00	556.80	2,500.00
	$ 30,500.00	$ 30,865.62	$ 32,250.00

1963 *Estimated Income*

Dues	$ 16,500.00
Convention	5,000.00
B.M.P.A.	5,000.00
Md. Pharmacist	2,000.00
V.A.	1,500.00
General Fund	2,250.00
	$32,250.00

To further impress the Association as a whole with the necessity of additional income, I might mention it was necessary to utilize $1,000.00 from the general fund in 1962-63 to balance the budget and in 1963-64 it was necessary to increase this sum to $2,250.00 from the same source. The Veterans Administration prescription program previously operated through the Association office has now been discontinued so that in 1964-65 there will be a further decline in income of about $1,500.00. This additional decline of income will bring the anticipated operating deficit close to $5,000.00 unless additional revenue is found. At the request of the Executive Committee a special meeting of the Finance Committee was held on May 7th to consider the expenditure of an additional sum of money for the purchase of a new type addressograph. The Finance Committee thought this purchase would greatly facilitate the office operations of the Association, but with the uncertain condition of finances felt this matter should be tabled until next year. This report was so made to the Executive Committee with the recommendation that it be submitted to the Finance Committee in 1963-64, and so approved. Your chairman has had the very active support of not only his own committee but of many other interested individuals who have contributed their time and advice so that this committee could function smoothly. The chairman takes this opportunity to thank you all.

REPORT OF EXECUTIVE SECRETARY

Nathan I. Gruz

This report, upon the completion of my first full year as Executive Secretary of the Maryland Pharmaceutical Association, permits me the opportunity to review some of the highlights of the past year as well as to comment on the "State of Pharmacy" at Convention 1963.

Although we have held our Convention on several occasions in Atlantic City, this is the first time at the beautiful Colony. Convention Chairman William Cooley and the management of the Colony have done everything to assure us an excellent Convention. TAMPA, under Sheeler Read and John Cornmesser, have spared no effort to provide enjoyable entertainment for all.

The Convention programs are concerned with vital issues. We are fortunate in having some outstanding guest speakers on both professional and economic problems facing us today.

Seminars

The past year was a year of change and a year of activity. The first Simon Solomon Pharmacy Economics Seminar was inaugurated. Through this project the Association is attempting to discharge its responsibilities in bringing to pharmacists an organized program of information in pharmacy management and economic matters affecting the practice of pharmacy. The initial seminar presented a program of speakers of national caliber who spoke on subjects of vital concern to pharmacists and all associated with the drug industry. It is our hope that succeeding programs will maintain this high standard and that an ever-increasing number will attend. Mr. Aaron M. Libowitz, the Seminar Chairman, and his committee deserve special commendation for an outstanding accomplishment.

The Simon Solomon Pharmacy Economics Seminar complements the Dr. Robert L. Swain Pharmacy Seminar, which was presented for the third year. The 1963 seminar was regrettably also a memorial commemoration to its namesake. The loss of Dr. Swain—one of pharmacy's greatest figures—is an irreplaceable one. The Seminar Chairman, Henry G. Seidman, performed in a dedicated manner. The program fulfilled its function as a program of continuing professional education for pharmacists. It deserves the participation by all who would wish to maintain a current state of professional knowledge. Mr. Seidman is to be congratulated for the exemplary record he has set for this most important Association activity.

Regional Meetings

The Fall Regional Meeting featured an interprofessional relations program. A panel of three physicians discussed our mutual problems in a frank manner. This program was the result of the excellent relations between the Medical and Chirurgical Faculty and the Maryland Pharmaceutical Association which have arisen from meetings of physicians and pharmacists as the Pharmacy Liaison Sub-Committee. Dr. John F. Schaefer is to be particularly commended for sparing no effort to understand and solve the mutual problems the two professions face. President Morgenroth has contributed greatly to this cooperative movement.

The Spring Regional Meeting was devoted to pharmacy ownership laws. Alvin Geser, Secretary of the New Jersey Pharmaceutical Association, and our legal counsel Joseph S. Kaufman reviewed the status of legislation in this complex field and presented some new approaches. Delegate Chester G. Kosakowski, pharmacist member of the Legislature, was honored with a testimonial dinner at this meeting for his efforts in securing passage of the 1963 pharmacy legislative program.

Legislative Programs

At the time of the last Convention, the Association was engaged in an all out effort to mobilize support for the 1962 Quality Stabilization Bill. Many pharmacists responded and carried out their responsibilities. There are, however, too many who criticize and complain, but who will not devote a little time, effort and money to cooperate in their best interest. On the whole, we can be proud of the effort of the Maryland Pharmaceutical Association in behalf of the Quality Stabilization Bill. If other states and others engaged in retail and wholesale and manufacturing activities would do an equivalent job, this bill would now be the law of the land. We are now involved in another struggle for this vitally needed legislation. I hope all of you respond whenever called upon. We cannot leave this to a few and expect victory. Congress will act if convinced that enough citizens care.

The major legislative effort upon the death of the Quality Stabilization Bill in 1962 was the development of a state pharmacy legislative program for the 1963 session of the Legislature. As the result of a concentrated, crash program, dropping almost every other Association activity, we were successful, first, in drafting legislation which would have the support of all pharmaceutical groups in the state; second, in obtaining favorable hearings in the committees of the State Senate and House of Delegates; third, in securing passage in both Houses; and finally, of course, in seeing the bills into law by the signature of the Governor.

This legislation, which marks signal advances in pharmacy legislation and has been nationally acclaimed, has been successful because it meets two qualifications: it is in the interest of public health and welfare and it is in the interest of the practice of pharmacy as a free profession.

The keynote on the part of Pharmacy in effective and successful action has been the proper spirit of cooperation and harmony. I would be remiss if I did not stress the great devotion and contribution in time and effort of the leaders in our legislative successes: Jerome Mask, Chairman of the Legislative Committee; Aaron M. Libowitz, President of the Baltimore Metropolitan Pharmaceutical Association; Delegate Chester G. Kosakowski; Legal Counsel Joseph S. Kaufman and President Morgenroth. All worked with your secretary, and the Legislative Committee, in devoting many hours to meetings, conferences and trips to Annapolis.

Medical Care Programs

The pharmacy services aspect of the Medical Care Program also monopolized a great deal of the time and efforts of your Association officers and Secretary. The Association has been vigorously presenting recommendations for more realistic compensation for pharmacists filling prescriptions under public programs and protesting the inequities in many of the regulations of the program. A detailed report will be presented at the business session at this Convention.

Pharmacy Students

In order to advance our profession, we must, I believe, give high priority to our future members who are now pharmacy students.

Work has gone on this past year to revive the Students Auxiliary of the Maryland Pharmaceutical Association at the University of Maryland School of Pharmacy. It is hoped that all red tape can be cut through and a joint M.P.A.-A.Ph.A. Student Branch inaugurated this Fall.

Eastern Shore Pharmaceutical Association

One of the important accomplishments has been the reactivation of the Eastern Shore Pharmaceutical Association which has been dormant for several years. President Morgenroth and I have attended their meetings and are grateful for the great interest and fine spirit of the group. Howard Gordy, Earl Kerpelman and William Appel are to be commended for their cooperation and efforts, which have resulted in this accomplishment.

Baltimore Metropolitan Pharmaceutical Association

As the secretary also of the very active Baltimore Metropolitan Pharmaceutical Association, I must report that this local organization has also been engaged in a very full program. Most notable has been the inauguration of a Public Information Program. With the assistance of professional public relations counsel, a bus card advertising program, coordinated with radio announcements and talks to local clubs, has been launched. Perhaps some of these ideas can be adopted by our other local pharmaceutical organizations.

Membership

In spite of the adverse effect of a 150% increase in dues by the Baltimore Metropolitan Pharmaceutical Association, our active membership rolls are high and our associate membership continues to grow. The year 1962 ended with a record total of 1008 members, an increase of 144 over 1961. The total today is over 900, the highest at any Convention.

There will be Constitutional amendments voted on at the Convention which we hope will encourage all pharmacists, regardless of status, to enroll as active members. We hope all of you will see that any pharmacist associated with you enrolls.

Association Office

The activities of your Association continue to grow, reflecting the many demands of the membership. A new, automatic mimeograph machine has been added, and more office equipment is urgently needed to provide the services that are required. The same office personnel continue with us. My secretary, Mrs. Lillian Boyd, has devoted herself conscientiously and diligently to the Association's work. Mrs. Geraldine Boan has also contributed to the many tasks we are called upon to perform. I am grateful for their efforts and assistance.

Personal Activities

It has been my privilege to attend the Convention of the American Pharmaceutical Association and the National Association of Retail Druggists. These meetings provide invaluable opportunities to keep abreast of developments in pharmacy and to learn from every area of the country. In addition, these meetings permit an exchange of ideas with other secretaries. At the A.Ph.A. meeting, I was elected to the Executive Committee of the National Conference of State Pharmaceutical Association Secretaries and to the Nominating Committee of the Metropolitan Pharmaceutical Association Secretaries. The President of the A.Ph.A. has just appointed me to the Board of Canvassers.

At my suggestion, an Eastern States Pharmaceutical Secretaries Council has been established to permit more frequent exchange of views and to coordinate efforts, particularly in legislative matters. Their meetings have been very helpful in improving communications. At the organizational meeting, I was elected the Council's secretary.

In addition, I serve on the Pharmacy Services Committee of the State Council on Medical Care; the Governor's Commission for the Revision of the Food, Drug, Cosmetic and Narcotic Laws; on the Maryland Congress of Professions and the Mayor's Committee on Decency.

It has been my privilege to address the Allegany-Garrett County Pharmaceutical Association, the students at the University of Maryland School of Pharmacy and the Eastern Shore Pharmaceutical Association. I have also attended functions of the Prince Georges-Montgomery County Pharmaceutical Association and the Alumni Association of the University of Maryland School of Pharmacy, on whose Executive Committee I served.

The past year demonstrated more forcefully than ever that the only thing we can be sure of is that change is inevitable. Changes in Pharmacy, like in every sector of our national life, occur these days at speeds which are in consonance with the rockets that orbit the earth. The results for the profession are just as revolutionary.

During the past year there have been economic and distributive developments which have vitally affected every pharmacist professionally as well as economically. Those who are capable of adapting to change, those who are willing to accept challenges, those who exercise professionally-motivated judgments, those who will utilize the foresight of far-sighted realistic leaders who combine idealism with realism, those who comprehend that by giving first-priority to the professional functions of a pharmacist they thereby gain material rewards as well as personal status and community recognition—will prosper.

I believe that we cannot repeat often enough that the road to survival of independent community practice of pharmacy, the road to the continued existence of a free profession of pharmacy, is a personalized approach by every pharmacist to every patron. Personal service, genuine and sincere interest in every patron's welfare, health information to the layman and professional medication counsel to the medical professions, these will be the paths of professional and, therefore, economic survival. Group public relations are necessary and helpful. But the public relations demonstrated daily by every pharmacist who looks and acts like a professional and whose pharmacy demonstrates by its appearance, arrangements and display, that the first concern is providing medication and health needs, are equally essential.

In my report last year I emphasized the crying need for unity in pharmacy's ranks on the national scene. Unified efforts on the national level are still limited to a few subjects. Lack of truly harmonious efforts in advancing pharmacy's interests is still evident.

However, I feel we must first concentrate on our tasks here at home. In Maryland we must build a strong foundation for ourselves. All pharmaceutical organizations, local and special interest, must coordinate their efforts with the M.P.A. With each pharmacist a member of his local and state association, we can realize the strength we require to fulfill our goals.

Conclusion

The Association's activities are the result of the combined efforts of many individuals and groups. It has been my good fortune to have received the cooperation and assistance of many persons, as well as the support of the general membership. It is impossible, of course, to name them all, but I would be remiss if I did not thank the officers, the Executive Committee, Committee Chairmen, TAMPA, LAMPA, the various pharmaceutical societies, our drug wholesalers, other distributors and manufacturers who have responded so generously.

The valuable assistance of Dean Noel Foss, Secretary Frank Balassone, Fair Trade Chairman Simon Solomon and Convention Chairman William A. Cooley is gratefully acknowledged. My deep appreciation also to President Victor H. Morgenroth, Jr. for great devotion to the Association and the duties of his office. Together we have gone to various parts of the state and no one could have a more accommodating chauffeur. Victor, thanks for taking so much time from your own affairs and from your family when called upon. Thursday evening at the Banquet I will have a few words to say about one to whom we all owe a debt of gratitude—John (Jack) Wannenwetsch.

There are many gigantic tasks ahead for Pharmacy and for the state professional pharmaceutical association—the Maryland Pharmaceutical Association. As an incurable optimist (you have to be to remain in Association work, amidst so many frustrations and road-blocks), I believe that more and more pharmacists will realize that the future of pharmacy, both professionally and economically, demands a strong state pharmaceutical association.

I look forward to working with all in pharmacy to accomplish our goals of a more effective Association and, therefore, a more effective profession, that will take its rightful place on the health team of every community.

REPORT OF THE EXECUTIVE COMMITTEE

Norman J. Levin, Chairman

During the year 1962-63, the Executive Committee conducted eleven meetings, which is a greater number than held previously.

This report is a summary of the transactions during many meeting hours spent by the members of the Executive Committee in discharging the responsibilities of managing the affairs of the Association.

Galen Hall, Wernesville, Penna., June 28, 1962

The first meeting of the new Executive Committee for the 1962-63 year was held on the last day of the 1962 Convention. The reappointment of Nathan I. Gruz as Executive Secretary was unanimously approved. The selection of Galen Hall as the Convention site for 1964 was agreed upon.

Kelly Memorial Building, August 9, 1962

The loss to the professional pharmacy and the Maryland Pharmaceutical Association of Dr. H. A. B. Dunning was noted. The Secretary reported on his attendance at the Quality Stabilization Bill hearings in Washington and visits to congressmen. He announced that the Commission to study the Food and Drug Laws of Maryland was reviewing legislation and that work was going on to reactivate the M.P.A. Students Auxiliary of the School of Pharmacy to form a joint student branch with the A.Ph.A. Efforts are being made to extend the V.A. home town prescription program through the Association from September 30th to December 31, 1962. The relationship of the N.A.R.D. and A.Ph.A. was thoroughly discussed. It was decided to send letters to N.A.R.D. and A.Ph.A. urging them to reconcile any difference that might exist. An Association advertising program was temporarily tabeled. Reports were rendered on the Convention, Oral Polio Program, Simon Solomon Pharmacy Economics Seminar and Pharmacy Week. The Committee decided to recommend a $1.50 prescription fee for the Medical Care Program. Constitutional amendments were considered. Committees for 1962-63 were approved.

Kelly Memorial Building, September 18, 1962

This was an informal meeting lacking a quorum because of meeting conflicts and unavoidable absences. It was announced that the V.A. program was extended from September 30th to December 31, 1962. Program for the Regional Meeting was presented. Legislative and Medical Care programs were discussed.

Peter Pan, Urbana, Maryland, October 18, 1962

Newly appointed committees rendered reports. The program for the Simon Solomon Pharmacy Economics Seminar was presented. It was reported that the recommendation of $1.50 fee for Medical Care prescriptions was not favorably received by the State Medical Care Council. The Committee decided this recommendation was to stand. The Secretary reported on his attendance at the N.A.R.D. Convention and reviewed the major subjects on the program. He announced many telegrams had been sent concerning the Quality Stabilization Bill. It was decided to refer amendments regarding dues and membership to the Constitution and By-Laws Committee.

Kelly Memorial Building, November 8, 1962

The Secretary reported upon his completion of one year in office. Relations between the Maryland Pharmaceutical Association and Baltimore Metropolitan Pharmaceutical Association were noted as harmonious. Membership was reported at an all time high. The efforts of the Pharmacy Liaison Committee with the Medical and Chirurgical Faculty of Maryland resulted in the adoption of a resoluton condemning mail order prescription practice. Discussion of affiliation of local associations with the M.P.A. and the M.P.A. with A.Ph.A. was held. The Political Information Committee outlined its plans for a questionnaire to make information available to the Legislative Committee. The first report of the Simon Solomon Pharmacy Economics Seminar indicated a successful program. Direct purchase policies of manufacturers was reviewed. The recommendation of a $1.50 prescription fee for Medical Care, according to the State Health Department, would result in an increase of $500,000.00 in the budget for drugs. Further meeting are to be held. Reports were made by the Dr. Robert L. Swain Seminar, Insurance and Political Information committees. Recommendations for 1963 legislative program were discussed. Exhibits by the Professional Relations Committee were approved. A resolution urging N.A.R.D. and A.Ph.A. executives bodies to meet was passed.

Kelly Memorial Building, January 10, 1963

A report on the meeting of the Eastern States Pharmaceutical Secretaries Council was made by the Secretary It was planned to exchange information and coordinate efforts on common problems. The main topic was pharmacy legislation. A questionnaire to determine the "cost of filling a prescription" was mailed. Advertising and promotion practices in connection with prescriptions was discussed. The program for the Spring Regional Meeting was presented. The Legislative Committee reported on progress in drawing up a legislative program. The Insurance and Pension Committee questionnaire revealed great interest in pension plans. The program of the Dr. Robert L. Swain Seminar was announced as complete. Joseph Kaufman, Legal Counsel, reported on meetings held on legislation to be introduced. Association sponsorship of a campaign to raise funds for a Robert L. Swain Model Pharmacy in the School of Pharmacy building was approved. The budget for 1963 was presented, indicating an anticipated deficit of $2,250.00, and approved. The Constitution and By-Laws Committee was directed to work on a revision of dues and types of membership. The Committee condemned the efforts of the V.A. to expand its mail order operations. A panel program for the Convention was presented and agreed upon.

Kelly Memorial Building, January 24, 1963

This was a special Executive Committee meeting for consideration of legislation. It was decided to sponsor legislation expanding the basis for disciplinary action by the Board of Pharmacy for certain unprofessional acts of conduct. A second Bill is to specify additional conditions required for the issuance or renewal of a permit to operate a pharmacy. Other proposals for legislation were discussed and legislation pending in the Legislature were reviewed. Walter Albrecht was recommended for reappointment to the Medical Care Council of the State Department of Health.

Kelly Memorial Building, February 19, 1963

The great loss of Dr. Robert L. Swain to the profession of pharmacy and especially to the Association was noted. Two pharmacy bills, sponsored by the Association, were introduced in the Legislature by Delegate Kosakowski. The President and Secretary reported on meetings and hearings they attended. Practices in the handling of exempt narcotics and refills of prescriptions were reported on. The efforts in resolving problems of pharmacy services under the Medical Care program were reported on. Delegates to the A.Ph.A. Convention were approved. Advertising concerning prescriptions and new developments in wholesale drug service were reviewed. Two Quality Stabilization Bills introduced in Congress were discussed.

Kelly Memorial Building, March 26, 1963

A report on the various meetings, conferences and trips in connection with the state pharmacy legislative program was made. Various laws effecting pharmacy, pending before the Legislature, were reviewed. The status of the Quality Stabilization Bill was discussed. The program and details of the Association Convention were reported on and approved. The Committee recommended amendments to the Constitution to provide for all pharmacists to be active members and to empower the Committee to establish the dues for membership. Reports were rendered on the Swain Seminar, Poison Prevention Week and the Quality Stabilization Bill. Proposals by the State Council on Medical Care for revisions of the pharmacists' fees were presented. An appropriation was made of $1,000.00 for the Swain Model Pharmacy. A resolution, to be submitted to the A.Ph.A., was adopted regarding direct selling by manufacturers and pointing out the importance of distribution through wholesalers.

Washington Country Club, Gaithersburg, Md., April 18, 1963

Announcement was made of the signing of the new pharmacy laws by the Governor. The Secretary reported on the efforts which culminated in the legislative success. John F. Wannenwetsch submitted his resignation as Treasurer after 25 years in office. He was commended for his long and faithful service. His resignation was accepted with a rising vote of thanks. Morris Lindenbaum was appointed to serve out the unexpired term as Treasurer. A report was made on pharmacy advertising in a medical publication. It was announced that Galen Hall had burned down and reservations for the 1964 Convention were made at the Colony and Traymore Hotels in Atlantic City. A bulletin was mailed urging action by members on the Quality Stabilization Bill. The Membership Committee reported its work on membership and affiliation. Amendments to the Constitution and By-Laws concerning membership and dues were recommended and passed on. The Medical Care Committee recommended increased pharmacist fees for submission to the State Council on Medical Care, which were approved by the Committee. Dr. Alice Tobler of the State Medical Care program and Dr. Wilfred Davis of the City Medical Care program attended and the Association's recommendations were presented to them. Dr. Tobler agreed to submit the Association's suggestions to the State Health Department.

Kelly Memorial Building, May 9, 1963

A report was made by the Secretary on hearings he attended on the Quality Stabilization Bill. A conference was held with Secretary Apple of the A.Ph.A. A meeting of the Eastern States Secretaries Council, concerned mainly with pharmacy legislation, was reported on. The Membership Committee's recommendations on affiliation were reported. Arrangements for the Convention were reviewed. A report of the Finance Committee was approved. Recommendations for a vacancy in the Board of Pharmacy were voted on. Instructions for A.Ph.A. Convention delegates were discussed. Acceptance of the Hendler antique collection was agreed upon.

The Executive Committee members have approached their duties conscientiously and with much sacrifice of time and effort. There is also a great deal of time devoted in preparation for these meetings by the Executive Secretary and the Association office staff. To all involved I express my thanks for their assistance, cooperation and participation. My thanks, also, to our President, Victor Morgenroth, for presiding during my absence.

I appreciate the opportunity and honor of serving in this important office. I believe that all members should recognize the great devotion to the profession of pharmacy of the officers and members of the Executive Committee. Through their willingness to give up time from their own affairs and their families, progress is being made in behalf of a more effective state professional association of pharmacists.

REPORTS OF THE BUILDING COMMITTEE

Sam A. Goldstein, Chairman

Read by Secretary Gruz

During the past year replacement of parts of the furnace at the Kelly Memorial Building were required. In addition, expenditures for office shelving and chairs for the secretarial personnel were added.

Bids have been obtained for exterior painting and a storm door. It is planned to contract for these and other repairs this summer.

Otherwise, the Kelly Building is in a satisfactory condition and continues to serve the needs of our Association.

TRADE RELATIONS COMMITTEE

Aaron M. Libowitz, Chairman

Read by Charles E. Spigelmire

Pharmacy as a profession of community service, has always been the aim of the Maryland Pharmaceutical Association. With the recognition, that the practice of community pharmacy must be on a sound economic foundation, the Association has inaugurated the Simon Solomon Pharmacy Economics Seminar.

The purpose is to bring to all in pharmacy, the knowledge and experience of experts in various phases of merchandising and business management. The objective: survival in today's fiercely competitive situation, by presenting ideas for profit, that will be valuable to retailers in pharmacy.

As Dr. Bob Swain wrote: "I have just received a copy of the program, for the first meeting of the Simon Solomon Pharmacy Economic Seminar, and I am delighted with the down to earth character of the meeting. It drives right to the heart, of some of the more serious economic problems now plaguing our calling. I hope the Seminar is greeted with an overflow audience, as this would be a tribute, both to the awareness of pharmacists with respect to their economic needs, and to our dear friend Si, who richly merits this tribute to his life of sincere work. Needless to say, I wish the Simon Solomon Pharmacy Economics Seminar the fullest measure of success."

The first Simon Solomon Pharmacy Economics Seminar, of the Maryland Pharmaceutical Association was held at the Warren House, Blue Crest North, 403 Reisterstown Road, Pikesville, Md. on Thursday, November 1, 1962, 9:00 A.M. to 4:30 P.M.

Our past president, Norman J. Levin, requested this committee to devote particular interest, in developing a one day Seminar to be held in Baltimore, regarding the commercial aspects of the community pharmacy. Our president, Victor H. Morgenroth, Jr., allowed this committee to continue. After many, many meetings and brain storming sessions, we came up with about fifty topics on selling, buying, merchandising, and how to help you make more profit in your business. This list was finally reduced to six topics. As this is the first time a business economic seminar has been held in Maryland, a lot of research, study and discussion were necessary to get it started.

Secretary Gruz and I visited the secretary of the Virginia Pharmaceutical Association, William Hubbard in Richmond, Va., to obtain ideas.

The program for the seminar was the following:

9:00 A.M. Registration.

9:30 A.M. Welcoming Remarks—Aaron M. Libowitz, Chairman, Trade Relations Committee. Response by Mr. Simon Solomon, Guest of Honor.

MORNING PROGRAM:

1. Mr. Joseph P. Fitzsimmons, General Sales Manager, Henry B. Gilpin Co. "The Future Role of the Independent Pharmacist in the Sales of Up Front Merchandise." Discount competition and how to combat it.
2. Mr. John Stinson, Assistant Vice President, First National Bank of Maryland. "The Economic Outlook and Banking Services in Establishing and Modernizing Pharmacies." Small Business Administration programs—Financing.
3. Mr. Joseph Kolodny, Managing Director, National Association of Tobacco Distributors. "Maximum Profits from Sundries and Tobacco." Merchandising tips from 15,000 salesmen.

AFTERNOON PROGRAM:

1. Mr. Wallace T. Drew, Vice President of City. "Increasing Cosmetic Department Profits." Outstanding merchandising ideas—Location—Size—Number of Lines—Cosmetic trends—Training for greater sales.
2. Mr. K. Brantley Watson, Vice President Human Relations, McCormick & Company. "A Prescription for Good Human Relations in Business." People: the most valuable asset—Factors which make for productive people—Attitudes of managers and supervisors—Developing teamwork—Motivating employees.
3. Mr. James T. Fleming, District Sales Manager, Rexall Drug Company. "Operation Challenge." Aggressive merchandising in today's market. Winning the fight for retail survival.

4:00 P.M. Summation.

Adjournment.

The registration Fee was $3.00. Luncheon was $3.75.

Highlights of the Seminar

Mr. Joseph P. Fitzsimmons of Henry B. Gilpin Co. explained how to plan a promotion, buying of merchandise, advertising and display. These were tested ideas, money-making ideas and money saving ideas. Ideas to help you make more profit in your business.

Mr. Joseph Kolodny, Managing director of National Association of Tobacco distributors, a dynamic speaker who said that pharmacists must realistically evaluate his future course of business conduct. Number one—the retail pharmacist can cling to the marketing policy which will result in an accelerated loss of more and more proprietary business or number two—he can program his proprietary merchandising by setting out to reclaim his eminence in this field and concurrently strengthen his position in ethical products.

Mr. Walllace T. Drew, vice president of Coty, Inc. spoke on how to highlight your cosmetic department, location and size and number of lines. Also cosmetic trends. Mr. Drew spent a month before the seminar taking color pictures of various drug store cosmetic departments in the Baltimore Metropolitan Area and showed the slides at the seminar with comments and suggestions on how to increase cosmetic department profits. This was a dynamic presentation.

Mr. K. Brantley Watkins, vice president of McCormick & Company spoke on training of personnel for advancement in an organization, clerk and employee incentitives, and developing proper attitudes in employer-employee relationship. Mr. Watson gave a thought provoking talk.

Mr. James T. Fleming, district sales manager of Rexall Drug Company showed how aggressively merchandising in today's market can help you win the fight for retail survival. "Operation Challenge" showed how your store will continue to be drug and cosmetic headquarters in your community.

It took nine months of dynamic effort to produce the Simon Solomon Economic Seminar. There were many fears as to what we had produced. Gentlemen, I am proud to report the baby was a howling success. The Trade Relations Committee of the Maryland Pharmaceutical Association and I, its chairman, am proud to have inaugurated the 1st Simon Solomon Economic Seminar. We hope that this seminar assisted you in making your store operation more effective in the constantly changing and highly competitive business world.

In naming the Pharmacy Economic Seminar in honor of Si Solomon, the Maryland Pharmaceutical Association is recognizing the outstanding contributions of Si to the advancement of the profession of pharmacy. For more than three decades he has devoted himself wholeheartedly to both the professional and economic affairs of pharmacists. The strong and loyal devotion which Si has shown to his profession plus the fact that he makes himself readily available to others, has made him one of the most sought after men in the state on matters pertaining to pharmacy. His knowledge of the subject of "Fair Trade" is legendary and equalled by few in this country. He is Mr. Fair Trade.

We take great pride in having among our midst such an outstanding leader as Simon Solomon. It was a pleasure and a privilege to name the Economics Seminar for Simon Solomon.

Of all the letters, telegrams, and personal congratulations I received in regards to the seminar, one letter I will always treasure. Quote:

"Dear Aaron:

I want to again congratulate you and the committee upon the splendid job that was done relative to the Seminar. To be so successful you must have worked untiringly and unceasingly over a period of many months, but I feel you were well awarded for your efforts. As for myself, I am very happy and grateful that my name was associated with the seminar, because it made it possible for me to be remembered, while I am still on earth, because once you go across the Great Divide, your name is soon forgotten.

Please except my most sincere thanks and appreciation for all you have done not only for me but for all the pharmacists in Maryland.

Sincerely,

Si Solomon."

I wish to thank my co-chairman Jerome Block, and the members of my committee:

William J. Appel, Wilbur E. Crofton, John A. Crozier, David I. Estrin, Donald O. Fedder, Arnold M. Friedman, David Greenfeld, Isaac E. Kerpelman, Jay E. Levine, Nicholas C. Lykos, John R. Mentzer, Jr., Robert K. Moler, Joseph L. Muth, Robert S. Sinker, William L. Skinner, Jr., Jerome Stiffman, Morris R. Yaffe, and Stanley J. Yaffe; and especially our Secretary Nathan I. Gruz and his assistants Lillian M. Boyd, and Geraldine M. Boan for their patience, assistance, and cooperation.

REPORT OF THE PROFESSIONAL RELATIONS COMMITTEE

Stephen J. Provenza, Chairman

Mr. President, distinguished guests, fellow members of the Maryland Pharmaceutical Association and friends:

Diabetic Detection Week

Last November our committee worked with Dr. A. A. Silver of the Maryland Diabetic Association at the Fifth Regiment Armory in Baltimore where a diabetic detection center was put in operation. A clinitron borrowed from the U.S. Public Health Service was used to run blood sugar determinations. Many volunteer workers and technicians from Baltimore were used to take histories and assist patients in carrying on the tests for diabetes. The Baltimore City Health Department together with the Maryland Tuberculosis Association screened the patients for tuberculosis by means of x-ray equipment. Our Association presented an exhibit featuring anti-diabetic agents and accessories available in the retail Pharmacy. Our Public Relations Committee, with Charles E. Spigelmire, provided radio, television and newspaper publicity for this health event.

Sabin Oral Polio Drive

One of the largest health immunization drives against polio was held in Maryland during this year. Hundreds of thousands of patients were given the vaccine on lumps of sugar. There was a voluntary fee of 25c to those who cared to make a contribution. All ages were covered from pediatrics to geriatrics. Our committee wishes to commend those pharmacists who aided at these eighty health stations in Baltimore. The Health Commissioner of Baltimore and Maryland sent certificates attesting to the help rendered by our Association.

Medical Meeting

On May 1, 2 and 3, the Medical & Chirurgical Faculty of Maryland held its annual meeting at the Alcazar in Baltimore. Our Association together with the Baltimore Metropolitan Pharmaceutical Association was represented by an attractive booth, manned at different intervals by Sam Sheller, John Neutze, Fritz Berman, George Stiffman, Irving Freed, Jerry Fine, Charles Spigelmire, Aaron Libowitz and others. This elaborate exhibit was viewed by approximately one thousand physicians, representing all sections of Maryland.

Aside from the exhibit, at one of the meetings Dr. John Rock was the Hundley Memorial speaker. He spoke on "Changing Aspects of Fertility Control." It is interesting to note that although he is a Roman Catholic he advocated the use of oral contraceptives under medical supervision—his reason—sensible family planning. At a round table luncheon, our President, V. H. Morgenroth, Jr., led a discussion on "The Fee Concept on Prescription Pricing."

The theme of the booth this year emphasized the importance of indicating requests for refills on the prescriptions. Also books on Federal narcotic regulations were available. A representative library of reference books to be found in the retail pharmacy was featured in the display. WJZ television station showed movies taken of our booth, also a picture appeared in the Baltimore Evening Sun.

"Your Pharmacist—Source of Drug Information," occupied a prominent position in the exhibit. To tie in with the idea of the physician saving time by indicating refill information on the prescription a square faced electric lighted clock was featured. Instead of the usual numerals, it had instead symbols used in alchemy. These were hand painted by Mrs. Albert Hendler, a talented artist of Baltimore.

It is my pleasure to announce that during this meeting Williams & Wilkins, one of the leading medical book publishers, presented our Association with a copy of Stedman's Medical Dictionary and also a copy of "Clinical Toxicology of Commercial Products."

During March our committee was active in events when National Poison Prevention Week was proclaimed by Governor Tawes and Mayor Goodman. As 500 children under five years of age die each year as a result of accidental poisoning, parents were warned of this potential danger in their homes. Attention was called to the necessity of keeping household products and medicine out of the reach and sight of children. Classes of products most often involved in the reported accidental poisoning are: internal medicines, particularly aspirin; cleaning and polishing agents, pesticides and petroleum distilled products, such as kerosene, lighter fluid and some furniture polishes and waxes. A list of poison control centers with their telephone numbers in Baltimore and throughout Maryland was mailed to each pharmacy with the instructions to tack it up in the prescription department for immediate reference when necessary.

Dental

On May 6 and 7 the Maryland State Dental Association held its annual convention at the Lord Baltimore Hotel. As in previous years our Association was given space for our exhibit. A reprint of an article from the Forsythe Dental Clinic of Boston featuring a formula and the technique of application of an Acid Phosphate Fluoride Solution, was available. It is applied by the dentist topically to the teeth. This preparation, based on clinical data, is three times more effective than the solution of stannous fluoride in combatting dental caries. In average cases an annual application is sufficient. In cases of rampant caries one application every six months is indicated. For orthodontic patients one application before insertion of appliances is all that is necessary. Dentists were urged to purchase "Accepted Dental Remedies" published annually by the American Dental Association—the most reliable authentic source of drug products pertaining to the practice of dentistry.

Consult your Pharmacist for Drug Information

The net result of the aforementioned activities has been to remind medicine and dentistry of the pharmacists' role in the broad field of effective therapeutic agents. As most drug products contain brochures describing the dosage, indications, contra-indications and side effects, the practicing pharmacist is in a position to give this information to the busy practitioner over the telephone—day or night. In the average retail pharmacy library there are catalogs and periodicals of therapeutic agents that are not generally available to the practitioner.

As a recommendation our committee strongly urges that the Board of Pharmacy make it a requirement for all pharmacy permit owners to have a medical dictionary as part of their library. Also that pharmacists study a book on medical etymology—by knowing the prefix and suffix of these medical words the reading of the brochures enclosed with drug products becomes more intelligible. The drug manufacturers originally made available what the physician prescribed—today the physician prescribes what the manufacturer has created from research. It is, therefore, necessary for the manufacturer to provide all of the data regarding pharmaceutical product usage. The detail man, medical technicians, medical publishers, medical secretaries get instruction in medical terminology enabling these ancillary groups to discuss their activities intelligently with the medical profession.

In conclusion, I wish to offer my personal thanks to the Brager Display Service for the excellent cooperation rendered. Also to the members of the committee who have been indispensable by attending many night meetings and spending mornings and afternoons at our exhibits. Included are the following: Co-Chairman Morris Bookoff, Jerome Mask, Milton A. Friedman, H. Nelson Warfield, Frederick T. Berman, Phillip P. Weiner, Irving Freed, Samuel J. Sheller, Jerome L. Fine, Aaron M. Lebowitz, Charles E. Samuel J. Sheller, Jerome L. Fine, Aaron M. Libowitz, Charles E. Spigelmire, Morton L. Pollack, Jerome J. Cermak and Bernard B. Lachman.

REPORT OF THE PUBLIC RELATIONS COMMITTEE

Charles E. Spigelmire, Chairman

During the past year your Public Relations Committee has left no stone unturned to bring you and our Association the publicity it so rightly deserves. Day after day, week after week, and month after month, we have continuously endeavored to tell the public about you, their best neighbor, the friendly community pharmacist.

We feel confident this aggressive campaign has borne fruit, because now our recognition is no longer at a city or state level, but we enjoy the national attention our Association is entitled to.

The magnificent cooperation displayed by the members of your Public Relations Committee was the most important factor in its success. Every member always gave generously of his time and talent whenever he was asked to do so.

Being deeply concerned with the publicity of our Association, I have naturally come in contact with many pharmacists and heard many, many different ideas regarding our profession. I can truthfully say I believe the independent pharmacist fully realizes he is in for a tough, hard fight for survival at this time. He knows he must stop complaining about his business and start campaigning for his profession. He knows now that he must modernize his store, adjust his buying habits and adopt an aggressive sales policy, or he will soon become a pharmaceutical derelict in today's highly competitive market.

Your Public Relations Committee has tried its best to obtain every bit of favorable publicity for the community pharmacist and our Association through the medium of newspapers, radio and television.

Many times during the past year our Association needed frequent and complete newspaper publicity to explain or describe some important pharmaceutical activity or occasion. It was always possible for your Public Relations Committee to obtain enough important publicity so that these various pharmaceutical events could be brought before the public in a manner to insure their success.

During the year we had the opportunity to appear on television with different groups. On these occasions it was always our foremost thought to try and create a better image for pharmacy and the pharmacist. During Poison Control Week we warned the public how costly the careless handling of poison could be. During Diabetes Detection Week we tried to inform the public that you, their best neighbor, had every drug and accessory necessary for the treatment of diabetes. During Heart Month it was a pleasure to explain to the public that all of the important drugs for treating heart ailments could be obtained from their favorite pharmacy. During Cancer Control Month it was brought to the attention of the public that certain safe drugs useful against cancer could be obtained at their pharmacy with a physician's prescription. During National Pharmacy Week it was explained over and over again that the pharmacy was the arsenal of medicine on the corner and you, the pharmacist, were a true friend in all needs and emergencies.

Sunday after Sunday during the past year our Association had the benefit of a fifteen minute radio broadcast over station W.C.A.O. in Baltimore. While the broadcast emanates in Baltimore, it is intended for the entire state of Maryland. It might be interesting to you to know that we have completed just about 200 consecutive radio broadcasts on this station. The program is identified by the theme "Hi Neighbor" and, as usual, is dedicated to you, the public's "Best Neighbor". On these programs we try to discuss and explain every phase, every facet and every problem of Pharmacy.

We explained that pharmacists are respected public servants. They should be. They labor competently and diligently to promote and to protect the nation's physical health. It is this valuable service and this service alone that justifies the perpetuation, and the continued legal protection, of our profession of Pharmacy.

We told the public that you, the modern pharmacist, performs a front rank medical work, one that is essential to the well being of society. He fulfills a great human need. Long centuries of dependable service, based on abundant competence, sound moral character, and demonstrated worth have earned for pharmacists public trust, and confidence and good will.

We showed that it is from the prescription department that the medication ordered by the physician becomes available to the patient. This department is truly the heart of the pharmacy. Here the pharmacist brings into play his basic professional training. Not only must he have on hand the drugs and medicines which the physicians prescribe, but he must know the dosage, the forms in which they are available, and the many other facts which contribute to and underlie a competent prescription practice.

We brought home the fact that of all the truly American institutions, perhaps none is more familiar than our pharmacies. They are to be found on the busy corners of our cities. They form a part of every neighborhood or community; they occupy a high place in the esteem and preference of the consumer, simply because of the basic health services which they render, and the many neighborhood conveniences which they serve.

Many times we warned the people not to indulge in the seemingly innocent practice of consolidating their medications, such as putting aspirin, soda tablets and saccharin into one box, which might become dangerous not only for the owner, but for someone else who doesn't know why the label says one thing and the contents of the box indicates that this can't be so.

We repeated over and over that by law and tradition the responsibility for compounding prescriptions rests with the pharmacist. It is an important responsibility to which your pharmacist must bring skill, a keen sense for accuracy, and a scientific knowledge of the composition, properties and uses of the drugs he handles. As a part of his prescription practice, the pharmacist is also often called upon to consult with the physician concerning new drugs and formulas.

In a sincere spirit of cooperation, we donated our radio time during National Pharmacy Week, Diabetes Detection Week, Army Week, Dental Health Week, and others so that we might contribute towards the success of these special event weeks. It was just another way of showing the public that the pharmacist was still their best neighbor.

It has always been the thinking of your Public Relations Committee that the more groups and organizations we could favor and recognize with radio publicity during the year, the wider and more appreciative would be the public recognition of the pharmacist. We felt this friendly gesture on our part would pay you the pharmacist, valuable dividends. Our basic thinking was primarily that all of these groups have many followers and friends who would be most interested in patronizing the people that helped them in their hour of need. We will all agree that the most valuable form of publicity is the word of mouth variety. We felt that by recognizing these various organizations and groups, a chain reaction of favorable publicity will be developed for you, the pharmacist.

We changed our format on this radio program Sunday, June 16th, when we shared our time with workers of the Provident Hospital Development Program. These people were most grateful and appreciative for the courtesy we extended them.

For their cooperation, advice and assistance, I would like to thank Mr. Byron Millenson, Manager of station W.C.A.O. and Mr. Charles Purcell, Public Service Director of station W.C.A.O.

Various factors have in recent years created serious problems in the retail drug field. The grocers and supermarkets have invaded the traditional drug store lines to an extent that totals large in amount and most of it is business which the Pharmacy as such has lost. Is it gone forever? I wish I knew the answer. However, I know we will have to hustle as never before or we will lose more than we have to the grocers and supermarkets. Competition will continue to include give-aways, deceptive trickeries and every kind of gimmick.

It will take an abundance of ingenuity and intestinal fortitude to survive in the midst of the bedlam in the distribution of commodities.

Neither your Public Relations Committee or your Association can offer you any panacea or magic remedy for this condition. This is a situation that has developed over the years and requires a long range remedy. Today, we are going to present to you an idea that will help tremendously in creating a truly professional atmosphere for you and your pharmacy.

This idea has paid large dividends where it has been tried and I personally feel it could do the same for the pharmacists of Maryland. Today there are many, many, of your customers hungry for information and data regarding various ailments, diseases and drugs.

Do they get this information from their favorite pharmacy? I am sorry to relate that in 99% of the cases they do not. Why is this? The answer is very simple. Our stores do not have the information available for their customers. Today your Public Relations Committee is offering you some help in solving this problem, it is simply the establishment of a Health Information Center in your store.

An attractive rack with a supply of interesting pamphlets to start a Health Information Center can be obtained for $25.00.

A booklet describing many pamphlets which are available may be obtained from the Maryland State Department of Health for $1.00. This enables you to keep your pamphlet rack filled free of charge at all times. You will also find there are many groups, organizations and manufacturers will also supply you pamphlets free of charge. The customer appeal of a Health Information Center has the potential of bringing many new customers into your store. Your best neighbor radio program will continuously tell the public to visit the Health Information Center in your pharmacy.

The success of this Health Information Center depends upon you. You must keep it filled with pamphlets, you must keep it neat and clean, and you must place it in a prominent spot in your store.

During the past year the members of your Public Relations Committee were asked to make numerous telephone calls in a sincere effort to arouse interest in this Association's various activities and important events. The committee members made these telephone calls at their own expense and on their time off. Just two thoughts motivated their efforts. First to make our Association stronger, and secondly to make pharmacy a finer profession.

I am extremely appreciative and thankful for the magnificent cooperation and advice accorded me by our Executive Secretary, Mr. Nathan Gruz. I want to sincerely thank Mrs. Lillian Boyd and Mrs. Geraldine Boan for the help and assistance they extended me during the past year.

Our work during the year was not that of any individual, but rather the culmination of a cooperative effort of many, many wonderful people. It has had its headaches and heartaches, but the magnificent spirit exhibited by this committee made the heavy burden seem light. The outstanding results obtained in our work were due to the untiring effort of everyone who gave unstintingly of their time and ability whenever they were called upon to help.

You, the community pharmacist, and the Maryland Pharmaceutical Association obtained all of this work, effort and time without spending a single penny. It was all given to you by devoted men who still believe that Pharmacy has a splendid future and by men who were willing to make some sacrifice to assure this future for Pharmacy.

All during the year we tried to tell the public that you were truly a professional. That you had been granted a privilege by the State of Maryland to engage in the profession of Pharmacy. We felt you were apart from the baker, the grocer or the hardware man, because you are able to offer professional service over and beyond the others. We did not sell Pharmacy down the river but rather we always praised it to the skies. We did our very finest for Pharmacy and the community pharmacist. So please do not let us down.

Thanks to all of you for being so nice to me.

REPORT OF THE SCHOOL OF PHARMACY COMMITTEE

Irving I. Cohen, Chairman

The School of Pharmacy Committee of the University of Maryland met early in the year to formulate plans and projects for the current year. The following projects came up for consideration and were adopted.

1. To aid the School of Pharmacy in the recruitment of new students and for the consideration of a preceptorship to be made a part of the Senior year at the School of Pharmacy. As to the necessity of increasing the flow of students to our School, it was agreed that the "Careers in Pharmacy" team, headed by Nelson Warfield of the Alumni Association, in conjunction with Dean Noel E. Foss, be further supported, especially in view of the fact that the Alumni program is by

far the most outstanding program in Pharmacy. It was suggested that members be cooperative in furnishing information regarding Pharmacy to parents of prospective students, as well as the boys and girls who are interested in careers in Pharmacy.

It has been always felt by the Maryland Pharmaceutical Association that a preceptorship program be added to the curriculum of the School of Pharmacy in order to better prepare our graduates for their future in Pharmacy.

2. A Model Pharmacy and a Museum for the School of Pharmacy.

   I am pleased particularly to report to you at this time that barring unforeseen developments there will be installed at the School of Pharmacy, Dunning Hall, the Robert L. Swain Model Pharmacy, in time for the opening of the fall session of the School of Pharmacy, I can personally assure you that the Robert L. Swain Model Pharmacy will be the finest installation amongst all the Schools of Pharmacy in our country.

I am also pleased to advise you that simultaneously with the Robert L. Swain Model Pharmacy installation at Dunning Hall, there will be installed a Museum in its temporary home, the foyer in the Kelly Memorial Building, until such time as the contemplated addition to the School of Pharmacy is built, which will provide a permanent home for the Museum, Again let me assure you that this modern museum will be built of the finest walnut woods, plate glass and chrome. You will be very proud of our installations.

We will need about $7,000.00 to take care of certain expenses connected with the Model Pharmacy and Museum installations, such as suitable drapes, floor covering, etc. Your Chairman proposes to raise this sum from the friends of Pharmacy in our State who wish to show their love and admiration for that great man of Pharmacy, Robert L. Swain, by making a contribution to this worthy project.

I wish to inform you that a sum slightly in excess of $3,000.00 has already been pledged toward this project. Such sums of money raised in excess of the required moneys will be used to provide additional scholarships to our School and for maintenance and acquisitions.

It is the wish of your Chairman that the Maryland Pharmaceutical Association pass a resolution to name the Museum "THE B. OLIVE COLE MUSEUM" as a fitting tribute to that grand lady of Pharmacy—B. Olive Cole. It is my desire that she be so honored during her life time.

REPORT OF THE MEMBERSHIP COMMITTEE

Morris R. Yaffe, Chairman

In making this report to this convention, I come before you with a feeling of mixed emotions: on one hand we have an increase in membership to report, and on the other hand we feel that the lack of cooperation of the members of the committee itself, has caused us to fall short of the goal set forth at the start of this year. We have a potential of over 1500 members within this State, and it was an unsurmountable task for six members of a twenty-five member committee to perform. I am grateful for the continued help of Messers Kroopnick, Lohmeyer, I. Cohen, Olendorf, Diener, Dorsch, Reznick and of course our Secretary and his staff.

We have met five times during the year and have laid plans for securing for Maryland Pharmaceutical Association a record membership, however without personal contact and help from the remainder of my committee we have failed miserably in our objective. I must impress upon the membership that each and every member has an obligation to MPhA to assist in any way that he or she can to help make MPhA a strong and healthy organization, so that this Association can readily cope with problems of Pharmacy within the State and Country. Fundamentally the membership of MPhA should be uppermost in the minds of Pharmacists to further his investment in his chosen Profession. I was appalled at the lack of knowledge of some Pharmacists in the State as to the benefits derived by supporting MPhA. However, if personally contacted and the virtues of the State Association are explained, most of these people can be sold membership to their security.

The State of Maryland is not too large an area to canvas if we have the help of the committeemen in our far flung Counties. Some of our pharmacies are scattered and isolated, but with little effort on the part of a close neighbor member, we should be able to make Maryland at least 100% pharmacy membership. And, if every owner Pharmacist prods his employee Pharmacist to join, we can have 100% working Pharmacist membership. It is toward this goal that we must strive, and I hope that our new President will see fit to place me in the Chairmanship again so that I can finish this membership drive.

During the past year, our President charged the Membership Committee with the problem of working out the mechanism for the affiliation of the County Associations with the State Association. A sub-committee under my Chairmanship met and formulated such a plan to present to the full committee and the Constitutional and By-Laws Committee under Frank Block. Such a meeting was called and we had six members out of possibly thirty six attend, due to this poor attendance this problem will have to lay over until such a time when a representative body can meet and solve this problem.

On May 27th, a group of the MPhA Executive Committee traveled to the Eastern Shore to try to reactivate the Eastern Shore Pharmaceutical Association and found some interest there. A meeting was arranged for June 19th which your Secretary will report on.

The list of Registered Pharmacists from the Board of Pharmacy was used as a mailing list to contact Pharmacists that had never been members and the response was gratifying: we gained about forty-five associate members.

Delinquent lists were mailed to each County Association to help the office collect dues. This was also helpful to boost our membership.

The picture of Membership at Convention time is as follows:

	Active	Associate	Affiliate	Total
Convention 1962	565	290	19	874
Convention 1963	555	325	21	901

This has been a full and challenging year for your Chairman. Many thanks again to those who participated and especially to the office staff and our Secretary.

REPORT OF PUBLICATIONS COMMITTEE

B. Olive Cole, Chairman

The functions of the Publication Committee are to examine the MARYLAND PHARMACIST, to make editorial contributions, obtain advertisements and improve the publications generally.

The Committee held one meeting during the year, which was attended by only a few members. Solicitations have been made for increased numbers of articles for publication.

Dr. Benjamin F. Allen continues with the monthly scientific articles and the chairman contributes Notes on the History of Pharmacy in Maryland. Joseph Muth contributed an article covering the early history of the firm of Muth Brothers & Company, and Henry M. Kling sent in an article describing Pharmacy in Europe, following his extensive trip during which he visited many interesting pharmacies.

A tribute to Dr. Robert L. Swain by Simon Solomon and also a Biographic Report of the many activities and accomplishments of Dr. Swain in connection with pharmacy, appeared in the February issue of the publication.

New advertisements have been secured, others have been modified or extended, the income from which greatly assists the finances of the Association. The advertisements bring prestige as well as direct interest in the product or service offered.

The activities and interests of the Maryland Pharmaceutical Association, The Baltimore Metropolitan Pharmaceutical Association, The Alumni Association of the School of Pharmacy, The Maryland Board of Pharmacy, The School of Pharmacy, The TAMPA and LAMPA are recorded in the monthly and annual numbers of the Publication. These articles are of local and national interest and are sources of information for pharmacists.

The address of the President, the reports of the Treasurer, of the Standing Committees of the Association, the Resolutions presented, and the many addresses and papers given at the Annual Convention, which are included in the Proceedings number of the publication are of value as reference article to the members of the Association.

The following were the members of the Publications Committee for 1962-63:

C. Murray Allen, Joseph Carmel, Samuel H. Cohen, Herman B. Drukman, Herman M. Kling, Paul Resnick, Morton J. Schnaper, Frank J. Slama, Milton A. Sarubin, and B. Olive Cole, Chairman.

We thank you for your cooperation and ask for suggestions for improving the publication.

REPORT OF THE LEGISLATIVE COMMITTEE

Jerome Mask, Chairman

The program developed by the Legislative Committee was eminently successful. With the cooperation and advice of our legal counsel, represented by Mr. Joseph Kaufman and Mr. Bernard Melnicove, a proposed set of laws were developed that would advance the pharmaceutical profession in the State of Maryland. These laws were designed to be within the framework of the health and welfare of the citizens of the State of Maryland. A bill was prepared which was introduced into the House of Delegates of the Maryland Legislature by Delegate Chester Kosakowski. With only minor modification, the bills were passed by both houses of the legislature and signed into law by Governor Tawes effective June 1, 1963.

The salient features of the laws are:

1. Power given to the Board of Pharmacy to revoke or suspend a pharmacist's license for:
    a. Paying of rebates for prescriptions
    b. Providing of imprinted ℞ blanks
    c. Association in business of a pharmacist with any person authorized by law to write prescriptions
    d. Advertising of prescriptions by direct or indirect reference to prices
    e. Advertising or claiming to the public of professional superiority
2. Power given to Board of Pharmacy to revoke or suspend a pharmacy's permit for:
    a. Restricted, limited, partial or closed door practice of pharmacy
    b. Interferring with right of the patient of free choice of pharmacy
    c. Violations of any provisions regulating pharmacists

At this moment, Maryland is unique in that we are the only state to have restrictions concerning physician owned pharmacies. All of the other states have now redoubled their efforts to enact laws for this same purpose.

All segments of pharmacy were united and actively supported the adoption of these laws.

The committee had excellent cooperation. Due special mention, in addition to Mr. Kaufman and Delegate Kosakowski, are our Secretary, Mr. Nathan Gruz, our President, Mr. Victor Morgenroth, the Secretary of the Board of Pharmacy, Mr. Francis Balassone, President of the Board of Pharmacy, Mr. Alexander Ogrinz, and President of the B.M.P.A., Mr. Aaron Libowitz.

Even more important than the enactment of these laws are the enforcement by the proper authorities. The power of enforcement lies with the Blard of Pharmacy. The Legislative Committee feels it is the duty of this Association to recommend to the Board of Pharmacy rules and regulations to enforce these laws. We also feel it is the duty of this Association to report all violations to the Board of Pharmacy and assure that proper action has been taken by the Board.

As chairman of this Committee, I wish to thank the members of the committee who attended the numerous meetings and who worked in a cooperative manner to resolve any differences. I feel that if future committees have the same caliber members as the members of my committee, this Association will always be a leader in the advancement of Pharmacy.

REPORT OF THE PHARMACY WEEK COMMITTEE

Milton A. Friedman, Chairman

The Maryland Pharmacy Week Committee, as in previous years, again attempted the widest possible promotion of National Pharmacy Week among our constituent groups and among our membership.

We are indebted to the local chairmen who did so much in their respective areas and districts. To each of them, we say, "Thanks for a job well done".

The Enoch Pratt Library, central, installed a very wonderful window under the joint auspices of The Maryland Pharmaceutical Association and The Baltimore Metropolitan Pharmaceutical Association. Credit for this achievement is due Morris Cooper and Steve Provenza.

In other areas, notably the counties, similar windows appeared with the cooperation of the local chairmen or groups of interested pharmacists. To each of these we say, "Thanks", although we do not have a complete list and are therefore unable to express individual appreciation to them.

Proclamations were again issued by the Governor of Maryland, the Mayor of Baltimore and many of the county executives and commissioners. Some of these news items were featured as photographs in national drug magazines.

The Baltimore newspapers carried advertisements sponsored by The Maryland Pharmaceutical Association and The Baltimore Metropolitan Pharmaceutical Association. Additional publicity was received by radio and TV announcements, both in the city and throughout the counties of the State.

The judges for the State entries were:

Miss B. Olive Cole, Professor Emeritus, School of Pharmacy
Mr. Jack L. Levin, Schechter & Levin Advertising Agency
Dr. John F. Schaefer, Medical and Chirurgical Faculty of Md.

The winners were:

First Prize—Morris L. Cooper (Cooper Drug Store)
Second Prize—Jack Schumer (Penn Dol Pharmacy)
Third Prize—Michael Marcus (Marcus Pharmacy)

We are pleased to announce that our First Prize Winner, Morris L. Cooper, was adjudged the First Prize Winner in the National judging of the American Pharmaceutical Association. Good work, Morris! We're all proud of you.

Maryland has won more National Prizes in the National Pharmacy Week contests than any other state. We can be justly proud of our national showing.

We wish again to commend the chain drug stores for their nearly 100% participation in this contest. We know their large number of window displays helped materially in selling Pharmacy to the communities of this State.

We wish to recommend that the Maryland Pharmaceutical Association go on record, and so notify the American Pharmaceutical Association, that all chain drug stores be encouraged to enter windows in this promotional, and that a special category or division be created for judging these windows so as to give proper recognition for this effort.

REPORT OF THE PHARMACY COMMITTEE

Wilfred H. Gluckstern, Chairman

Read by William A. Cooley

The Pharmacy Committee is now concerned with the matter of pharmaceutical services in nursing homes and small hospitals. The pamphlet "Guide to Pharmaceutical Services in the Nursing Home", published by the A.Ph.A., was reviewed. President Victor Morgenroth was one of those who worked on this pamphlet.

It is felt that all nursing homes and hospitals should provide drugs with the same safeguards that the general public enjoys through a pharmacist's services.

It is planned to confer with the Board of Pharmacy regarding pharmacy practices in these institutions and determine whether regulations for the control of drugs assures proper protection in these homes and other places.

The handling of legend drugs by wholesalers was also considered.

REPORT OF THE GRIEVANCE COMMITTEE

Gordon A. Mouat, Chairman

Since the formation of the Grievance Committee as a standing committee of the Association, it has acted only upon direct charges which were brought to its attention, or those which may have been referred to it by the Executive Committee.

During the past year, there have been no grievances called to the attention of the Committee, hence it has not been necessary to call a meeting.

It was the Chairman's intention to call a meeting of this Committee immediately preceding this convention to gather any suggestions regarding future functions of this Committee. Circumstances beyond his control precluded such a meeting but if any of this body feels the Committee should change its method of operation, I feel sure the next Chairman would appreciate knowing your thoughts.

REPORT OF THE CIVIL DEFENSE COMMITTEE

Submitted by

Morris Lindenbaum, Chairman

The state-wide Civil Defense Committee reports that the major activity, as far as pharmacists are concerned, has been in the matter of medical self-help courses. Jerome Block, Chairman of the B.M.P.A. Civil Defense Committee, has been meeting with both state and city civil defense officials. He has recruited many of his customers to take these courses. He has also arranged for window displays for pharmacies. Mr. Block is to be greatly commended for devoting a great deal of time and effort in showing the place for pharmacists in case of both natural and man-made disasters.

REPORT OF SWAIN SEMINAR COMMITTEE

Henry G. Seidman, Chairman

The Third Dr. Robert L. Swain Pharmacy Seminar was held on March 14, 1963 at the University of Maryland Health Sciences Library Auditorium, Baltimore, Maryland.

The program comprised morning and afternoon sessions, from 9:30 A.M. to 4:30 P.M. with recess at midday for lunch.

Guest speakers and topics discussed were as follows:

Dr. George P. Larrick, Commissioner of Food and Drugs, Department of Health, Education and Welfare—"Revisions in the Federal Food, Drug and Cosmetic Act".

Dr. Ralph F. Shangraw, Assistant Professor of Pharmacy, University of Maryland School of Pharmacy—"Timed Release Pharmaceuticals".

Dr. Milton S. Sacks, Professor of Medicine, University of Maryland School of Medicine; Head of Division of Clinical Pathology, University Hospital—"Blood Dyscrasias and Other Side Effects of Drugs".

Dr. Linwood F. Tice, Dean, Philadelphia College of Pharmacy and Science—"Professional Responsibilities and Pharmaceutical Ethics".

Also participating in the program were Nathan I. Gruz, Executive Secretary, Maryland Pharmaceutical Association; Henry G. Seidman, Chairman, Dr. Robert L. Swain Pharmacy Seminar Committee; Victor H. Morgenroth, Jr., President, Maryland Pharmaceutical Association; Dr. Noel E. Foss, Dean, University of Maryland School of Pharmacy, Co-Chairman, Dr. Robert L. Swain, Pharmacy Seminar Committee.

Immediately preceding the speaker's program, Chairman Seidman offered a special memorial tribute to Dr. Swain who passed away just several weeks before the seminar.

The attendance total of 208 registrants included 101 students of the School of Pharmacy as guests.

Financially, the seminar sustained a net deficit of $210.70, resulting from receipts of $497.00 and expenditures of $707.70.

COMMENTS:

The diversification of subjects and the quality of the speakers provided a highly interesting and informative program. Question and Answer periods received good audience response and reflected general interest. The timeliness and scope of Dr. Larrick's topic; the skillful presentation by Dr. Shangraw of a most practicable subject; the expert treatment of a highly complex theme by Dr. Sacks; and the frank and forceful manner of Dr. Tice, all combined to add meaning to a pleasurable day.

Inclusion of the student body of the School of Pharmacy as guests of the Maryland Pharmaceutical Association is a most desirable arrangement inasmuch as it promotes both good-will for the Association and growth to the Seminar.

RECOMMENDATIONS:

The committee, meeting in a post-seminar review, proposed the following recommendations:

1. The Seminar Committee should be made smaller in number, thus more practical, and should include a hospital pharmacist.
2. The title Honorary Chairman to be changed to Co-Chairman.
3. Consideration should be given to holding a one session seminar—afternoon only.
4. The first meeting of the new committee should be held in September; program topics and a list of possible speakers made up by November.

5. Publicity should begin by late December or early January.
6. Upon appointment, the new committee should be requested by letter to indicate interest in a prepared list of topics and also, to offer additional topics for consideration.

CONCLUSION:

The Chairman believes that the Dr. Robert L. Swain Seminar is a worthwhile and important function of the Maryland Pharmaceutical Association and should be perpetuated.

Attendance must be encouraged and increased by all means at the disposal of the Association and by individual members. A calendar of events projected for the year might serve as a constant reminder of the seminar as well as all other Association activities.

Self supporting status for the seminar would be obtained with a paid registration of 175 registrants. This modest figure should easily be exceeded.

With permission of the Chair, it is requested that the Tribute to Dr. Swain offered at the Seminar be accepted as part of this report.

TRIBUTE TO DR. ROBERT L. SWAIN

We pause now to pay tribute to a loyal friend and esteemed colleague who passed away just a little over a month ago. That friend and colleague was Dr. Robert Lee Swain, the man whose name this seminar bears, and the man whose name Pharmacy has honored the past fifty years.

Dr. Swain's death leaves a vacancy in the ranks of pharmacy that will not readily be filled; so great was the stature of this dedicated and devoted man, and so varied were his accomplishments.

His distinguished career was one of brilliant contributions to every phase of pharmacy. He was at the beginning a practicing pharmacist. In the years that followed he received acclaim as an administrator, teacher, legislator and journalist.

His achievements are recorded indelibly in the history of pharmacy. They will immortalize him along with the other true greats of his profession.

It is not necessary to recount all those achievements here. They have been recorded many times over. It is significant that his qualities of leadership were utilized by some of the nation's most prominent pharmaceutical societies; by national educational bodies; and by the Federal Government which recruited him to head several of its agencies dealing with pharmacy. He was pharmacy's champion. He fought pharmacy's battles without hesitancy, without compromise and without surrender.

Honorary degrees were conferred upon Dr. Swain by seven prominent colleges. And in still further recognition of his efforts, he became the recipient of the Remington Medal in 1939, The Distinguished Service Pharmacy Alumni Medal, University of Maryland, in 1950; the J. Leon Lascoff Memorial Award, in 1950; and The Henry Hurd Rusby Award, in 1959. He headed the American Pharmaceutical Association in 1933.

For Bob Swain, we, in Maryland, hold a very special affection. He was first of all our friend and neighbor. He graduated from the University of Maryland School of Pharmacy. He practiced pharmacy in neighboring Sykesville. He was a member of the Maryland Board of Pharmacy and served for twelve years as Secretary to the Board. He was President of The Maryland Pharmaceutical Association. He was a tireless worker for pharmacy here and certainly one of its most illustrious leaders. He was the local boy who **really** made good. He became a power in national pharmacy, but never too big or too busy to listen and to hear. Bob Swain never lost the **humane** quality. He was, all through his life, confidant, advisor and counsellor to anyone who sought his advice and help.

Dr. Swain is gone—but he leaves to pharmacy a priceless heritage fashioned from a lifetime of devotion to his profession. We can do no less than try to preserve THAT which he spent a lifetime to build.

We believe it is fitting, therefore, that this Seminar, conceived in his lifetime as a tribute to his accomplishments, should NOW be dedicated as an everlasting monument to his memory.

(The audience was asked to rise for a moment of silent tribute to the memory of Dr. Robert Lee Swain.)

* * *

The Chairman wishes to express gratitude to his co-workers whose efforts assured the success of this Seminar: to Dr. Noel E. Foss who performed so effectively as Co-Chairman; to Secretary Gruz for many hours of fruitful conference, and to his office staff, Mrs. Lillian Boyd and Mrs. Geraldine Boan, for their constant and willing assistance; to committee members James P. Cragg, Jr., John A. Crozier, Joseph U. Dorsch, Paul Freiman, Philip R. Karn, Sr., Alan Settler, Simon Solomon and John Wannenwetsch for their ever-ready cooperation.

And last—but only because the best things are sometimes saved for last—thanks to President Victor Morgenroth for his encouragement and for his expression of confidence in this appointment.

REPORT OF THE CONSTITUTION & BY-LAWS COMMITTEE

Frank Block, Chairman

The Committee met on four occasions, one being a joint meeting with the Membership Committee. One of the main items considered was a Constitution and By-Laws for a joint M.P.A.-A.Ph.A. Student Branch. This has required participation by the Dean and Faculty Council of the University of Maryland School of Pharmacy. There also has been correspondence and consultation with the

A.Ph.A. office in Washington. Except for a few details, this matter is almost completed. It is hoped to inaugurate this branch in the Fall, with the M.P.A. assuming a role in programming.

Another major matter has been membership categories and dues. Amendments have been drawn up, approved by the Executive Committee and read at the Spring Regional Meeting. These amendments will come before the body at the Convention for a vote. All members were mailed a copy and copies will also be available at Thursday's session. These will provide that pharmacists are eligible for full active membership only and will empower the Executive Committee to set dues.

Affiliation of local groups with the M.P.A. was discussed at the joint meeting with the Membership Committee. No definite recommendation was agreed to at this time.

REPORT OF INSURANCE AND PENSION COMMITTEE

Submitted by

Alexander J. Ogrinz Jr., Chairman

A questionnaire was mailed to all members requesting information as to their interest in a group pension plan through the Association. There were several hundred returns indicating an interest in this service.

The Committee interviewed a number of firms offering pension plans. The subject is a complex one and requires further study by this Committee.

Further interviews are planned before definite recommendations can be made to the Executive Committee.

CONCLUSION

President Morgenroth announced the conclusion of reports for the day. He congratulated the chairmen and the members of the committees for their informative reports which reviewed the activities of the Association for the past year.

The President then pointed out the Convention highlights for the balance of the Convention. He announced that Early Bird prizes would be drawn at 10:00 A.M. each morning. A special Eastman Kodak program would be presented Wednesday morning at 9:30 A.M. at 8:00 P.M. Monday night films of Convention highlights would be shown by George M. Brandt, followed by T.A.M.P.A.'s amateur night with prizes, dancing and refreshments. Calvert Drug Company would provide a daily bulletin of events at breakfast each morning and Henry B. Gilpin Company would have the Morning Sun delivered at everyone's door.

President Morgenroth urged all to be in attendance at the speaking programs and business sessions.

The First Session adjourned at 5:00 P.M., following the drawing of prizes.

SECOND SESSION

Tuesday, June 25

The Second Session of the 81st Annual Convention of the Maryland Pharmaceutical Association was called to order in the Ballroom by President Victor H. Morgenroth, Jr. at 10:00 A.M.

The winner of the Early Bird Attendance prize was Mrs. Charles Spigelmire.

Morton J. Schnaper delivered the Invocation.

Mr. Elmer H. Wynn, Register of Vital Statistics and aide to the Mayor, representing the Mayor of Atlantic City, delivered an address of welcome.

President Morgenroth called upon Francis S. Balassone, Secretary of the Maryland Board of Pharmacy, to present the Annual Report of the Maryland Board of Pharmacy.

ANNUAL REPORT OF THE MARYLAND BOARD OF PHARMACY

1962 1963

In compliance with the provisions as set forth in Section 258 of Article 43 of the Annotated Code of Maryland, this report is submitted to His Excellency J. Millard Tawes, Governor of Maryland, and to the Maryland Pharmaceutical Association. This is the sixtieth report to the Governor of the State and the fiftieth to the Association. The report covers the activities of the Maryland Board of Pharmacy for the fiscal year ending June 30, 1963.

Personnel

During the year, the Board held nine meetings, six of which were held at the School of Pharmacy of the University of Maryland for the purpose of conducting examinations for registration of pharmacists.

At its first meeting, the Board reorganized and elected Mr. Alexander J. Ogrinz, Jr., president and Mr. F. S. Balassone, secretary-treasurer. The other members of the Board were: Messrs. Arthur C. Harbaugh, Norman J. Levin, and Howard L. Gordy.

At the annual meeting of the Maryland Pharmaceutical Association held in Galen Hall, Wernersville, Pennsylvania on June 25, 26, 27, and 28, 1962, the Nominating Committee submitted the following names which were later submitted to the Governor as possible successors for Norman J. Levin, whose term would expire on April 30, 1963:

Norman J. Levin
Frank Block
Solomon Weiner

On April 30, 1963, Governor Tawes appointed Mr. Levin, Pikesville, Maryland, as a member of the Board for a term of five years, beginning May 1, 1963.

Examination

The Board conducted two examinations for registration of pharmacists during the fiscal year. They were held at the School of Pharmacy of the University of Maryland on November 12, 13, and 14, 1962 and on June 17, 18, and 19, 1963.

There were 16 applicants for the full Board in November. Fourteen passed both the theoretical and practical examinations; two failed the examinations.

Six candidates qualified for the theoretical examination only. However, none of these candidates passed.

Having previously passed the theoretical portion, 57 took the practical examination in November. All of these candidates passed and were subsequently registered.

In order to meet the Board's requirements for reciprocal registration, eight candidates took the practical examination. They were granted registration after passing this examination.

In June, nine applicants were eligible to take the full Board.

One hundred and seventeen candidates applied for and were determined eligible to take the theoretical portion of our June, 1963 examination. There were 52 applicants from the School of Pharmacy of the University of Maryland and 65 applicants from other Colleges of Pharmacy. Two of this latter group could not qualify since they did not graduate; refunds will be made upon presentation of certification from the dean of the college of pharmacy they attended. Those candidates who pass the theoretical examination will be eligible to take the practical examination after they obtain the required practical experience.

There were 14 applicants for reciprocal registration who were to take the practical examination in order to meet our requirements concerning practical experience before or after licensure in the state in which they are registered. One of these candidates could not appear and will take this portion of the examination at a later date.

Two candidates, who had previously passed the theoretical examination, took the practical examination in June. Both candidates passed and were granted registration.

The subjects assigned at both the November, 1962 and the June, 1963 examinations were as follows:

Pharmacy and Jurisprudence	Norman J. Levin
Materica Medica and Pharmacognosy	Arthur C. Harbaugh
Chemistry	Alexander J. Ogrinz, Jr.
Chemical and Pharmaceutical Mathematics	F. S. Balassone
Practical Pharmacy	Howard L. Gordy

Record of Examinations Held

November 12, 13, and 14, 1962

Applicants	Passed	Withheld	Failed
16	14	0	2

June 17, 18, and 19, 1963

Applicants	Passed	Withheld	Failed
124	6	77	41

Total Number Examined for Registration as Pharmacists

Applicants	Passed	Withheld	Failed
140	20	77	43

The following table shows the number of pharmacists who were registered by examination during the past ten years:

Year	Number of Pharmacists
1953-1954	77
1954-1955	50
1955-1956	96
1956-1957	60
1957-1958	53
1958-1959	79
1959-1960	55
1960-1961	63
1961-1962	62
1962-1963	74

As the chart indicates 74 pharmacists were registered by examination during the 1963 fiscal year. For some of these applicants, the process took several years due to military commitments and other matters preventing them from meeting our requirements pertaining to practical experience.

Reciprocal Registration

As in the past, many pharmacists applied for reciprocal registration in Maryland in order to accept positions with their employers who are opening stores in Maryland. A number of servicemen also applied for reciprocal registration so that they might accept employment near their bases located in Maryland.

Those applicants who did not meet our requirements concerning practical experience prior to registration, and the requirement of at least one full year's active practice of their profession in the state in which they are registered, were advised that they must take our practical examination in order to verify their qualifications. Eight applicants for reciprocal registration took our practical examination in November, 1962. These candidates were granted registration. In June, 1963, there were 140 candidates, under this requirement, who were examined in practical pharmacy. They passed and were granted registration.

In all cases, an applicant for reciprocal registration must appear for a personal interview. The entire Board must act on whether or not to grant registration to such applicants, who must sign an agreement to comply with Maryland's laws pertaining to drugs and pharmacy.

The following table shows those granted registration by reciprocity during the 1963 Fiscal Year:

Registered by Reciprocity

Name	Certificate Number	Dated	State
Milton Harry Liner	6229	Dec. 31, 1962	Pennsylvania
Robert Weiss	6230	Dec. 31, 1962	Dist. of Columbia
Edward Lee Catterton	6231	Dec. 31, 1962	Virginia
James Parker Shipler	6232	Dec. 31, 1962	Dist. of Columbia
Lodell Marie Saville Allen	6233	Dec. 31, 1962	Virginia
George Joseph Agris	6234	Dec. 31, 1962	Pennsylvania
Nicholas A. Mastorides	6235	Dec. 31, 1962	Ohio
William Raymond Bell, Jr.	6236	Dec. 31, 1962	Dist. of Columbia
Charles Vincent Bernard	6237	Dec. 31, 1962	Delaware
Alton Eugene Rankin	6238	Dec. 31, 1962	Ohio
Ivan George Segal	6239	Dec. 31, 1962	Pennsylvania
Mary Thomasine Slayton	6240	Dec. 31, 1962	North Carolina
Darwin Floyd Aldrich	6241	Dec. 31, 1962	Indiana
Leon Levy	6242	Dec. 31, 1962	Dist. of Columbia
Kenneth Joseph Whise	6243	Dec. 31, 1962	Michigan
William Amos Morrison	6244	Dec. 31, 1962	West Virginia
Robert Walter McNair	6245	Dec. 31, 1962	Dist. of Columbia
John Joseph Lucas	6246	Dec. 31, 1962	Pennsylvania
Jules Murray Meisler	6247	Dec., 31, 1962	New Jersey
Martin Edward Stein	6248	Dec. 31, 1962	Massachusetts
Donald Emanuel Bloch	6249	Dec. 31, 1962	Massachusetts
Thomas Buckey Rogers	6250	Dec. 31, 1962	West Virginia
Priscilla Phillips Strudwick	6251	Dec. 31, 1962	Virginia
Joseph George Anthony	6252	Dec. 31, 1962	Ohio
Donald Leroy Moothart	6253	Dec. 31, 1962	Iowa
John Edward Randels	6254	Dec. 31, 1962	Pennsylvania
Joseph John Jordan	6255	Dec. 31, 1962	Pennsylvania
Ronald Herbert Rosen	6256	Dec. 31, 1962	Illinois
Adolph Paul Biasini	6257	Dec. 31, 1962	Dist. of Columbia
Marlene Sylvia Ferraro	6258	Dec. 31, 1962	Pennsylvania
Vincent Anthony Campbell	6330	Jan. 10, 1963	Pennsylvania
Thomas Major Whaley	6331	Jan. 10, 1963	South Carolina
Deno Grande Gelmini	6332	Jan. 21, 1963	Pennsylvania
Oscar Remigio Ramos	6333	Jan. 24, 1963	Pennsylvania
Mrs. Fumiko I. Doorenbos	6334	Jan. 29, 1963	Michigan
Richard Melvin Schiller	6335	Jan. 29, 1963	Pennsylvania
Samuel McClure Dripps	6336	Jan. 29, 1963	Pennsylvania

Name	Certificate Number	Dated	State
Edward Edwards	6337	Jan. 29, 1963	Pennsylvania
Mrs. Dolores Flynn Tompa	6338	Jan. 30, 1963	Maine
Ulmer Wilson	6339	Feb. 6, 1963	Alabama
Richard Lee Pfrogner	6340	Feb. 8, 1963	Pennsylvania
Robert Newcombe Abram	6341	Feb. 13, 1963	Pennsylvania
James Robert Funk	6342	Feb. 13, 1963	Pennsylvania
Freeman P. Deist	6343	Feb. 13, 1963	Pennsylvania
Mrs. Mariana Kooser Deist	6344	Feb. 13, 1963	Pennsylvania
A. Ralph Alven	6345	Mar. 6, 1963	New Jersey
William David Donath	6346	Mar. 6, 1963	Pennsylvania
Edward Marshall Wilson	6347	Mar. 6, 1963	Pennsylvania
Alfred Jacob Haaz	6348	Mar. 27, 1963	Pennsylvania
Leon E. Levin	6349	May 14, 1963	Pennsylvania
Glen C. Prock	6350	May 17, 1963	Texas
Charles A. Faseberger	6351	May 24, 1963	New Jersey
Bernard Lieberman	6352	June 21, 1963	Pennsylvania
John Joseph Selak	6353	June 21, 1963	Pennsylvania

The following table shows the number of pharmacists granted registration by reciprocity and the number who were certified to register by reciprocity in other states during the past ten years:

Fiscal Year	Reciprocity	Certified for Registration in Other States
1953-1954	60	15
1954-1955	62	23
1955-1956	64	16
1956-1957	58	26
1957-1958	51	21
1958-1959	46	17
1959-1960	46	19
1960-1961	33	18
1961-1962	35	20
1962-1963	54	18
Total	509	193

The table shows Maryland gained 317 pharmacists by reciprocity during the past ten years.

Pharmacy Permits

Location	1961-1962	1962-1963
Counties:		
Allegany	20	23
Anne Arundel	40	49
Baltimore	123	132
Calvert	2	2

Caroline	3	3
Carroll	11	11
Cecil	6	8
Charles	7	7
Dorchester	4	4
Frederick	11	14
Garrett	3	3
Harford	11	13
Howard	7	8
Kent	4	3
Montgomery	68	68
Prince Georges	63	73
Queen Annes	4	4
Saint Marys	5	4
Somerset	5	5
Talbot	7	9
Washington	12	15
Wicomico	9	10
Worcester	6	7
County Totals	431	462
Baltimore City	347	344
State-wide Totals	778	806

The above figures include permits issued to hospitals in the counties as follows:

Allegany	2
Anne Arundel	1
Baltimore	2
Frederick	1
Montgomery	3
Talbot	1
Washington	1
Wicomico	1
Total	12

In Baltimore City, 17 hospitals received a permit to operate a pharmacy. Thus, a total of 29 hospitals have a licensed pharmacy.

As indicated previously, one nursing home has received a "limited" pharmacy permit.

From June 1, 1962 through June 30, 1963, permits have been issued to 39 new pharmacies. Thirty-eight of these were issued to pharmacies, and one "limited" permit to a nursing home. A total of 22 pharmacies have closed and have not, as yet, been re-opened as pharmacies. One of these, however, is to be opened by another company later in 1963.

The following table shows the number of pharmacies opened, changes in ownership, and closed during the year:

	Opened	Changes in Ownership Corporation, and/or Address	Closed
Counties	23	34	10
Baltimore City	16	11	12
	—	—	—
Total	39	45	22

The following table shows the number of pharmacies opened changes in ownership, and closed in the past ten years:

1953	26	13	12
1954	36	32	24
1955	23	19	11
1956	28	20	18
1957	26	30	14
1958	28	24	19
1959	31	39	16
1960	41	41	25
1961	34	31	15
1962	39	45	22

Prescription Survey

The following table shows a survey of prescriptions filled in 1961:

PRESCRIPTION SURVEY—1962

Baltimore City			
Average Number New Prescriptions Filled in 140 out of 335 Pharmacies		8,012	
Average Number Prescriptions Refilled in 140 out of 335 Pharmacies		4,659	12,671
Average Price of Prescriptions in 140 out of 335 Pharmacies	$2.65		
Estimated New Prescriptions Filled in 335 Pharmacies		2,684,020	
Estimated Prescriptions Refilled in 335 Pharmacies		1,560,765	4,244,785
Counties			
Average Number New Prescriptions Filled in 206 out of 460 Pharmacies		11,983	
Average Number Prescriptions Refilled in 206 out of 460 Pharmacies		8,426	20,409
Average Price of Prescriptions in 206 out of 460 Pharmacies	$2.78		
Estimated New Prescriptions Filled in 460 Pharmacies		5,512,180	
Estimated Prescriptions Refilled in 460 Pharmacies		3,795,960	9,308,140
State			
Estimated New Prescriptions Filled in 795 Pharmacies		8,196,200	
Estimated Prescriptions Refilled in 795 Pharmacies		5,356,725	13,552,925

Certificate of Registration Renewals

Our report last year indicated the Board had issued 2,118 renewal certificates for the 1961-62 biennial re-registration period. The renewals for that period have now increased to 2,213 as we are still endeavoring to contact those who could not be notified earlier, and we are receiving requests for applications from those who have learned of this new law from friends or from other sources. The total renewals issued for the 1963-1964 period are now 2,260. The difference can be credited to deaths and to newly registered pharmacists.

Manufacturers' Permits

Permits to manufacture drugs, medicines, toilet articles, dentifrices or cosmetics during 1963 were issued to 80 firms. An applicant applying for a permit for a newly established company is required to appear before the Board and to furnish all information the Board considers pertinent to the conducting of such operation.

Dangerous Drugs Distributors' Permits

The Board issued 179 permits to destribute dangerous drugs during 1963. One of these was issued to a subsidiary of another company which had been issued such a permit previously. A refund was made to the subsidiary and the parent company retained its permit. Accordingly, 178 firms are now holding permits to distribute dangerous drugs in Maryland.

Legislation

House Bill 371 passed both Houses of the General Assembly and was signed by Governor Tawes on April 17, 1963. This law became effective June 1, 1963.

HOUSE BILL NO. 371

AN ACT to repeal and re-enact, with amendments, Section 266A (c) of Article 43 of the Annotated Code of Maryland (1962 Supplement), title "Health", subtitle "Commissioners of Pharmacy"; providing additional grounds for the revocation or suspension of pharmacists licensed by the Board of Pharmacy for certain acts herein declared to be grossly unprofessional conduct, and relating generally to the practice of pharmacy.

SECTION 1. Be it enacted by the General Assembly of Maryland, That Section 266A (c) of Article 43 of the Annotated Code of Maryland (1962 Supplement), title "Health", subtitle "Commissioners of Pharmacy", be and it is hereby repealed and re-enacted, with amendments, to read as follows:

266A.

(c) The Board's power either to reprimand a pharmacist or assistant pharmacist or to suspend or revoke his license shall be for any of the following causes:

(1) Conviction of:

(i) A crime involving professional misconduct respecting the pharmacy drug laws.

(ii) A crime involving the State Uniform Narcotic Act or the federal narcotic laws.

(iii) His addiction to the use of morphine, cocaine, or narcotics of any kind.

(iv) His knowingly, intentionally or fraudulently adulterating, or causing to be adulterated, drugs, chemicals or medicinal preparations.

(2) Procuring, or attempting to procure, registration in Maryland as a pharmacist for himself or another by knowingly making or causing to be made false representations to the Board.

(3) Adjudication as an incompetent under the provisions of Article 59 of this Code.

(4) Upon proof satisfactory to the Board of Pharmacy that a pharmacist or assistant pharmacist is guilty of grossly unprofessional conduct. The following acts on the part of a pharmacist or assistant pharmacist are hereby declared to constitute grossly unprofessional conduct:

(i) Paying rebates or entering into an agreement for payment of rebates to any physician, dentist or other person for the recommending of the services of any person.

(ii) The providing or causing to be provided to physician, dentist, veterinarian, or other medical practitioners, prescription blanks or forms bearing the pharmacists' or pharmacy's name, address or other means of identification.

(iii) The association by a pharmacist either as a partner, co-owner, or employee of a pharmacy, wholly or substantially owned by physician, dentist, veterinarian, or other medical practitioner or group thereof; but this paragraph shall not be construed or applied to have any retroactive effect or to apply to any such association existing on the effective date of this act, for such period as that association remains in continuous existence.

(iv) The advertising to the public by any means, in any form or through any media, the prices for prescriptions, dangerous or nonproprietary drugs, or fees for services relating thereto or any reference to the price of said drugs or prescriptions whether specifically or as a percentile or prevailing prices, or by the use of the terms "cut rate", "discount", "bargain" or terms of similar connotation.

(v) The advertising or claiming to the public of professional superiority in the compounding or filling of prescriptions or in any manner implying professional superiority which may undermine public confidence in the ability, character and integrity of other pharmacists.

SEC. 2. And be it further enacted, That this Act shall take effect June 1, 1963.

House Bill No. 372 also passed both houses of the General Assembly and was signed by Governor Tawes on April 17, 1963. This law became effective June 1, 1963.

HOUSE BILL NO. 372

AN ACT to repeal and re-enact, with amendments, Section 268 (b) of Article 43 of the Annotated Code of Maryland, (1957 Edition), Title "Health," subtitle "Commissioners of Pharmacy," relating to additional requirements before the Board of Pharmacy shall issue a pharmacy permit within the state, and relating generally to the practice of pharmacy.

SECTION 1. Be it enacted by the General Assembly of Maryland, That Section 268 (b) of Article 43 of the Annotated Code of Maryland (1957 Edition), title "Health," subtitle "Commissioners of Pharmacy," be and it is hereby repealed and re-enacted, with amendments, to read as follows:

268.

(b) On evidence satisfactory to the said Maryland Board of Pharmacy: (a) that the pharmacy for which the permit is sought will be conducted in full compliance with the law and with rules and regulations of the said Maryland Board of Pharmacy; (b) that the location and appointments of said pharmacy are such that it can be operated and maintained without endangering the public health or safety; (c) that said pharmacy will be constantly under the personal and immediate supervision of a registered pharmacist, a permit shall be issued to such persons, co-partnerships, associations or corporations as the said Maryland Board of Pharmacy shall deem qualified to conduct such pharmacy; (d) that the said pharmacy shall not engage in a restricted, limited, partial or closed door service or operation to the public or to any group of persons but must be available to the entire public, provided however, this provision shall not apply to a hospital pharmacy (e) that said pharmacy shall offer complete pharmaceutical service by compounding or dispensing all precriptions which may reasonably be expected to be compounded or dispensed by the pharmacist; (f) the said pharmacy shall not offer professional services under terms and conditions which tend to interfere with or impair the free and complete exercise of professional judgment skill or enter into any agreement which denies the patient the right of free choice of pharmacists; and (g) that said pharmacy shall not violate any of the provisions of Section 266A (c) (4) of this Article.

If an application shall be refused, the said Maryland Board of Pharmacy shall notify the applicant in writing of its decision and the reasons therefor.

Permits issued under the provisions of this section shall be exposed in a conspicuous place in the pharmacy for which issued. Such permits shall not be transferable; shall expire on the last day of December following the date of issue, and shall be renewed annually.

SEC. 2. And be it further enacted, That this Act shall take effect June 1, 1963.

House Bill 531 which concerned itself with narcotics drugs is also of interest to pharmacists. Originally this bill would have made any and every single violation of the Uniform Narcotic Act a felony. In testimony presented by Secretary Balassone, the Health Department, and the Bureau of Narcotics the Bill was amended so that Section 300 will read in part, "Any person who violates any provision of this subtitle as contained in Sections 277, 291 or 295 with regard to any narcotic drug specified in Section 276, shall be charged with committing a felony . . ."

President Ogrinz and Secretary Balassone testified before the House Committee on House Bills 371 and 372.

Cooperative Activities

The Board maintained membership in the National Association of Boards of Pharmacy. The annual meeting of the Association, which was held in conjunction with the annual meeting of the American Pharmaceutical Association, was held on May 12 and 14, 1963, in Miami Beach, Florida. The Board was represented by Secretary-Treasurer F. S. Balassone who gave a report on the Status of Pharmacists in Government Service. The Secretary was elected to a five year term on the Committee of Resolutions.

The Board also maintained membership in the Conference of Boards and Colleges of Pharmacy of N.A.B.P. District Number Two, comprising the States of New York, New Jersey, Pennsylvania, Delaware, Maryland, the District of Columbia, Virginia and West Virginia. The annual meeting was held in White Sulphur Springs, West Virginia, November 4, 5 and 6, 1963. Secretary Balassone delivered a paper "Professional Functions of the Pharmacist in Today's Society—Are State Boards Examinations Measuring Competency for these Functions."

Commissioner George P. Larrick of the Food and Drug Administration, Washington, D. C., appointed Secretary Balassone a Consultant to the Food and Drug Administration and attended a conference on December 11-12 in Washington and addressed the conference on "Operating Facilities Available to State Boards of Pharmacy."

President Vincent E. Stewart of the Association of Food and Drug Officials of the United States appointed Secretary Balassone to serve on a committee to revise the Uniform Food, Drug and Cosmetic Law. The annual meeting of this Association will be held in Lansing, Michigan, June 17, 18, 19 and 20, 1963.

The Executive Committee of the National Association of Boards of Pharmacy also appointed Secretary Balassone to be its representative to the AFDOUS meeting.

Governor Tawes appointed President Alexander J. Ogrinz, Jr., on the Maryland Commission for the New York World Fair for the term 1964-1965.

The Board maintained cooperative activities with the State Department of Health, The School of Pharmacy, University of Maryland, The Maryland Pharmaceutical Association, The Baltimore Metropolitan Pharmaceutical Association, Federal Bureau of Narcotics, Food and Drug Administration, City, County and State Police.

MARYLAND BOARD OF PHARMACY

Statement of Receipts and Disbursements for the Period from July 1, 1962, to June 30, 1963

Receipts

Balance with Comptroller, July 1, 1962		8,661.00	
Students' Registration Fees	53.00		
Examination Fees	3,725.00		
Reciprocal Registration Fees	3,500.00		
Renewal Certificate Fees	7,487.00		
Certification Fees	18.00		
Duplicate Certificate Fees	25.00		
Manufacturers' Permit Fees	415.00		
Dangerous Drugs Permit Fees	1,800.00		
Pharmacy Permit Fees	2,710.00	19,733.00	28,394.00

Disbursements

Salaries and Wages	3,053.96		
Technical and Special Fees	455.00		
Communication	574.85		
Travel	1,419.61		
Contractural Services	649.75		
Supplies and Materials	1,147.48		
Equipment - Additional	329.34		
Grants, Subsidies and Contributions	158.28		
Fixed Charges	105.45	7,893.72	
Refunds		126.00	
Forwarded to Reserve Fund		8,980.00	
Transferred to General Fund Surplus, June 30, 1963		11,394.28	28,394.00

Respectfully submitted,

F. S. BALASSONE, Secretary-Treasurer

Upon motion of Samuel Wertheimer, seconded by Harold M. Goldfeder, the Report of the Board of Pharmacy was accepted.

President Morgenroth next called upon Simon Solomon, Chairman of the Fair Trade Committee, to present his report.

REPORT OF THE FAIR TRADE COMMITTEE

Simon Solomon, Chairman

If we could only turn back the clock to Wednesday, June 28, 1939. That was a day of rejoicing which will not soon be forgotten by many independent retailers, for on that day the Maryland Court of Appeals in a unanimous decision sustained the validity of the Maryland Fair Trade Act in every particular.

The High Court held that the plaintiff (Goldsmith) who appealed the case was bound to observe the stipulated price, even though he did not sign a fair trade contract and that this obligation did not constitute a violation of his constitutional right of "due process."

The Court also held that the Fair Trade Act did not create a monopoly in violation of the Declaration of Rights of the Maryland Constitution, and that it did not constitute an unlawful delegation of legislative power to private individuals.

Once the validity of the law was finally established, there was considerable improvement in the enforcement of fair trade violations. For almost two decades, violation of fair trade prices was a rarity, with the courts in Maryland rendering many favorable decisions. Then suddenly there appeared a few violations which soon became more widespread over the entire country, with the result that the small independent retailers now find themselves facing ruthless price cutting by discounters, in many cases slightly above cost.

With such a strong fair trade act as we have in Maryland and with the courts leaning favorable over the years in their decisions, those of us who have observed fair trade for many years often ask ourselves the question as to why so many manufacturers who did such a tremendous job of enforcement so effectively, are now so lukewarm or in many instances disinterested. If they refuse to cooperate with such a favorable climate as exists here with the courts, then we wonder what will be their attitude if the Quality Stabilization Bill is enacted, especially if there are crippling amendments which will emasculate the bill so as to render enforcement if not impossible, at least exceedingly difficult.

States' Rights Amendment

Before discussing this amendment I know that some of you might feel that we should not look for trouble by worrying about something until the bill actually includes a states' rights amendment. But from our experience of last year, I am thoroughly convinced that if Chairman Harris of the Interstate Commerce Committee hopes to get the bill approved by the House Rules Committee there will have to be states' rights amendment of some kind included in the bill. So we feel justified in assuming there will be a states' rights amendment, and if not, so much the better, but certainly we do not lose anything by discussing it in anticipation of it being included in the final bill.

The lack of enthusiasm by manufacturers can be mostly attributed to many states having their fair trade acts invalidated by the courts, therefore it is reasonable to assume that with the inclusion of the states' rights amendment in the bill, some states would not be expected to operate under this legislation if enacted. If this be true, then manufacturers will thus be facing the same obstacles which were responsible for their withdrawal from the fair trade picture.

Thirty years of experience with fair trade will undoubtedly cause many manufacturers to hesitate to operate under Quality Stabilization if enacted, if it is going to be a financial burden in its enforcement as has happened during the past few years while many high state courts were declaring the non-signer clause invalid under the states' constitution. It is true that the non-signer clause will not be a problem in the Quality Stabilization Bill, but what would be just as serious is having a states' rights amendment which would automatically eliminate Quality Stabilization in the many states that have already invalidated Fair Trade Acts.

It is obvious that the supporters of Quality Stabilization realize they must accept a states' rights amendment of some kind in order for this leigslation to be acceptable to strong opposition of the members in Congress in those states which no longer have a fair trade act. An affirmative states' rights amendment would naturally be more acceptable to the supporters of the bill, as this would require the state thru legislation to ban Quality Stabilization if and when the law is enacted.

The affirmative amendment differs from the states' rights amendment in the previous Harris Bill introduced in Congress last year, which would ban Quality Stabilization in those states where fair trade laws were invalidated.

In other words, if this affirmative states' rights amendment is accepted in the present bill (H.B. 3669) it would mean that every state including those which have no fair trade laws would have the right to operate under the new federal law and any state that objected would have to enact a law, if it so desired excluding it from operating under the new federal law.

But it is most likely that those Congressmen and Senators who want a states' rights amendment will insist upon the old version in the Harris Bill of 1962, thus placing the burden upon the Quality Stabilization supporters to have those states with no fair trade laws enact new legislation (without non-signer clause) in order to be able to operate under the new federal law.

We seriously question whether any states' rights amendment would be acceptable to many manufacturers under any circumstances, due perhaps to the long delay involved before a final decision is rendered by the United States Supreme Court as to the constitutionality of this legislation with states' rights amendment, and also for the long time required by many states to decide whether or not they want to accept the Quality Stabilization Bill if enacted. As some states are bound to refuse, this would go far to make Quality Stabilization, if enacted, undesirable and practically unenforceable.

Exclusion of Prescription Drugs

Another serious problem confronting us is the exclusion of prescription drugs in the Quality Stabilization Bill (H.B. 3669) introduced by Congressman Harris. This should be of grave concern to all pharmacists and it is our opinion that enactment of this legislation without the coverage of prescriptions will cause serious harm to our profession, particularly to those pharmacists who depend almost entirely upon the filling of prescriptions for their volume.

The A. Ph. A. maintains that in filling a prescription the pharmacist is performing a professional service rather than selling a commodity.

Whether we approve or disapprove with the policy the A. Ph. A. is pursuing it can not be denied that it is carrying on many activities which its leaders feel confident will create an image in the mind of the public that cannot fail to bring about the proper recognition of pharmacy as a profession. We have no quarrel to pick with them for any effort put forth for the betterment of the profession, but we strongly disagree with their reasoning for the exclusion of prescription drugs in the Harris Bill.

Price cutting on prescriptions is having a detrimental effect upon our profession. The temptation would be great, in order to meet such competition, for some small independents when backed up in a corner, to dispense generic name products when trade name drugs are prescribed, place greater emphasis on generic name prescribing by physicians, encourage substitution and cut corners in many other ways, and eventually the public will lose all the respect it ever had for our profession. This is all the more true because under the provisions of the new drug act of 1962, the physicians may now prescribe generic name products with more assurance of safety and efficacy.

I wish to make it clear that I am not advocating the use of generic name products, but it is evident that the FDA by insisting that in a labeling or advertised copy, the generic or common name of the drug must appear immediately after the drug's brand name in type at least half as large, is bound to lessen the importance of the brand name.

It means that the FDA is doing everything it can do to increase the use of generic drugs.

Fortunately also, is that the legality of a stipulated resale price established by the manufacturer when dispensed on a prescription has been decided in the Hoffman LaRoche-Schweggman case which permits a manufacturer to require adherence to his prices on prescription products even though all evidence of trade name or band name has been removed from the product.

So long as discounters are permitted to use the prescription departments as a loss leader because of the exclusion of prescription drugs in this bill, it is evident the profession of pharmacy must suffer a severe blow and the prescription department with its high overhead would soon become a profitless operation.

One must realize that in performing a professional service in filling a prescription the pharmacist must operate his prescription department on a sound economic basis in order to earn a profit on the ingredients or products that go into the prescription, and this just cannot be accomplished with the prevailing low prices on prescriptions by many ruthless price cutters. No doubt many of you here today have read about what took place at a convention of the National Association of Chain Drug Stores, when one of the executives of a large chain told his audience that maintenance drugs are excellent Traffic Builders for other highly profitable merchandise and believe it or not remarked that a 10% mark up on maintenance drugs was a good Traffic Builder. Only recently an independent retail pharmacist in Florida, and this has also happened elsewhere, advertised that in order to meet the discounters' low price, adopted a plan of offering prescription drugs at cost plus 50 cents (which certainly cannot be considered a reasonable and legitimate professional fee) to customers 60 years of age or older.

If the bill should be enacted without prescription coverage, and many manufacturers of non-prescription products sold by the discounter as well as the community pharmacist decide to operate under the Act, then the price cutter will be unable to use these products as loss leaders and the only football left for him to use will be the prescription department. Those pharmacists who depend upon the prescription volume for their livelihood will be penalized the most. We can visualize a price war that will make present low prescription prices fade into insignificance; with prescriptions not offered at 10 per cent above cost, but at cost price in many instances.

It has been said that coverage of prescription drugs in the bill would interfere with the professional fee concept and we fail to go along with such reasoning. With few exceptions, the professional fee added to the cost of the product would not likely exceed the manufacturer's established resale price, but what is more significant, is the minimum price below which the price cutter cannot go, thus enabling the independent to meet the most ruthless competition. The independent would most certainly not be placed at a disadvantage under such conditions, especially when the situation is compared with the most unbelievable low prescription prices of the discounter that prevails today. With everything being equal, the coverage of prescription products under Quality Stabilization is bound to increase the prescription volume of the community pharmacist.

Without prescription coverage in this legislation, discounters such as G.E.M., Giant Food Stores, Korvette and many others, because of their tremendous purchasing power on a direct basis, could easily afford to charge no more than 20 per cent above wholesale cost, thereby building a large prescription volume with a good profit at the expense of the community pharmacist.

This is happening now not only in Maryland, especially in Baltimore, but over the entire country and to aggrevate matters the chain drug stores refuse to sit idly by and watch their prescription business, which they have built up over a period of many years, taken away from them, and are now meeting such competition.

You are well aware, that a large majority of independents cannot afford to buy direct, and if forced to buy from the wholesaler, which they are, would soon commit economic suicide in attempting to compete under such circumstances. Even those independents who enjoy a large prescription volume and are direct buyers would find it tough going meeting such competition with their overhead constantly increasing and their profit gradually decreasing.

A Reply to Senator Humphrey's Statement on Prescription Drugs

In all my experience with fair trade over many years, never have I been so discouraged and disappointed as when I read that Senator Humphrey told a Senate Sub-Committee that drugs requiring a prescription should be excluded from coverage in his Quality Stabilization Bill. Here is a man in whom we have placed great confidence to lead us out of the woods and give us an opportunity to be able to compete with our giant competitors on a more equal basis, when out of a clear sky he suddenly reverses his original position on prescription coverage. He said he supposes that some of his friends won't like it, and he was never so right, as I am sure thousands of retail pharmacists, like myself, have been stunned by the position he has taken. The Senator says this is a professional matter. If it is a professional matter now, why did he not think of it as a professional matter at the time he introduced the bill in Congress, instead of leading the large majority of pharmacists to believe that at last we have a champion with tremendous influence in Congress and the White House, who would fight to the last ditch to see that prescription drugs were covered in the Quality Stabilization Bill.

Instead of it being a professional matter as claimed by the Senator, could it be that pressure from the White House was the real reason for his reversal. I am inclined to believe this is the answer.

It is reported that in his statement before the committee he vigorously denounced the use of prescription drugs by discounters as loss leaders. But at the same time he says to the discounters, while I disapprove of what you are doing, I shall not put forth any effort to prevent you fellows from legally using prescription drugs as loss leaders by recommending that coverage of prescription drugs be included in the Quality Stabilization Bill.

Certainly, he does not believe these discounters are going to follow his advice and say, Senator, if you feel this is a professional matter we shall be happy to discontinue the use of prescription drugs as loss leaders. The discounters and food markets are not concerned with and care less about professionalism. The only way to stop them is to have it in black and white in the law and demand that they adhere to it. To prove our point, the same discounters are not now violating the minimum resale prices established by some ethical manufacturers under the Maryland Fair Trade Act who are really sincere in enforcing their fair trade contracts by court action. Some recent favorable court decisions have proven that our fair trade law is still sound.

Also, does the Senator not realize that he has opened the door wide for still further gains by the opposition. There are many thousands of senior citizens and other less fortunate persons who cannot afford to visit a doctor when ill, so they must depend upon patent medicines and proprietaries to serve their purpose. Would this not give the opposition the opportunity, in view of what has happened, to demand that these are also drug products and should therefore be excluded from Quality Stabilization the same as prescription drugs. They are not concerned with the survival of the community pharmacist. To them a drug is a drug whether dispensed on a prescription or sold over the counter. They are only interested in getting these products at the lowest possible price.

Let us take for example one of the most widely sold drug products of its kind in the country—Maalox. The manufacturer of this product is certainly doing everything he can to hurt the independent retail pharmacists, who with the help of the wholesale druggists over the years have given this company every cooperation and to a great extent responsible for its phenomenal sale to the public. The manufacturer is ignoring the small fellows, to the extent that Maalox for which many retail pharmacists are compelled to buy from the wholesaler at $1.05 per bottle and even direct buyers cannot meet the price of 81c by the discounter to the public. Will not the opposition be in a favorable position to say Maalox sold over the counter should be considered in the same category as Maalox or any other drug dispensed on a prescription, and if not excluded from the Quality Stabilization Bill will work a hardship on many poor people who will be compelled to pay a much higher price under Quality Stabilization.

To support this reasoning, let us go back to what took place when the Senate Sub-Committee counsel asked William R. Hutton, deputy director of the National Council for Senior Citizens whether this group would be satisfied if prescription drugs were exempted from the bill. His reply will show which way the wind is blowing. He said it would be a step in the right direction, but there are a lot of non-prescription maintenance drugs needed by the elderly and intimated very strongly that the cost of these medicines would be greatly increased if included in the Quality Stabilization Bill. You can rest assured that this group will fight hard to see that all drugs including patent medicines and proprietaries should be excluded from the bill.

There can be no doubt that the Kefauver investigation and the unfavorable propaganda that followed in the newspapers and other periodicals as to the high drug prices, with the Justice Department as well as the Administrative and other departments of the government also throwing the spotlight on high drug prices, as well as labor and other groups opposing this legislation, our cause has been done irreparable harm, and our only salvation is to fight with everything we have to see that drugs, no matter how they reach the public, should be included in the final bill.

I am very much afraid that in the final analysis, if the Bill is enacted into law it will greatly benefit Anderson and his Quality Brand Associates, but will be of very little help to the independent retail pharmacists and drug wholesalers if drugs should be excluded.

Resale Price and Resale Price Range

We would like to clarify what is meant by the terms "currently established resale price" or "currently established resale price range" in the Quality Stabilization Bill.

The definition of the term "currently established resale price" means that the product may not be sold above or below such price.

The term "currently established resale price range" means that a manufacturer may establish a maximum and minimum price and the product may then be sold for any price between the two including sale at such minimum or such maximum price.

At first thought some might feel that it is unwise to include the coverage of prescription drugs in the Quality Stabilization Bill, because the pharmacist would then be unable to charge more than the maximum price established by the manufacturer for his product. But we must not forget that during the Kefauver investigation held in Washington, D.C. members of the committee by their questioning of witnesses, left an indelible impression upon the public that prescription prices were too high, and this reflected not so much upon the manufacturer for whom it was intended, but more so upon the community pharmacist, as he is the person who comes in contact with the patient, and is considered the culprit by the customer if the price of the prescription appears to be excessive.

We definitely believe that the manufacturer in establishing the resale price for his prescription product would take into consideration the legitimate profit to which the pharmacist is entitled and at the same time would be a fair price to the consumer.

It might be interesting to note a nationwide study by AMERICAN DRUGGIST, last year, and we quote, revealed that 44% of the nation's druggists have suffered sales declines at the hands of discounters—that 66% of all druggists report predatory prescription price cutting by discounters—that 92% of the druggists in 10 cities where discounters have made big inroads report that discounting is most rife on prescriptions.

We wish to make it clear that any opinion expressed in this report is not intended in any manner as a criticism of the officials of the National Association of Retail Druggists, who are putting forth every effort to have enacted a Quality Stabilization Bill that is free from states' rights amendments and fighting for inclusion of prescription drugs. We should have every confidence in their leadership and ability to have enacted legislation which will accomplish the most good for all the pharmacists in the country, and therefore should give them our wholehearted support in this undertaking.

I want to express my appreciation and thanks to Co-Chairman, Al Ogrinz—President Morgenroth—Secretary Gruz and others for their cooperation.

NOTE—The states' rights amendment was not included in the Quality Stabilization Bill at the time this report was delivered at the convention.

Upon motion by Hyman Davidov, a rising vote of thanks was given to Simon Solomon for the thorough and informative report.

President Morgenroth recognized H. C. Van Arsdale, President of Smith, Kline & French, Inc. and Morris R. Blatman, Executive Secretary of the Philadelphia Association Retail Druggists Association. The president presented 1st Vice President William A. Cooley, who assumed the chair. Mr. Cooley called upon President Morgenroth to deliver the Annual President's Message.

PRESIDENT'S ADDRESS

Victor H. Morgenroth, Jr.

At our Annual Convention at Galen Hall in June 1962, it was my great honor to be nominated and elected to the presidency of this Association. This honor and privilege should be everyone's opportunity but, since associations are what they are, only one person a year can so be elected. It is the greatest honor that can be bestowed upon one single pharmacist in an association. I hope the trust you placed in me at Galen Hall in 1962 has not been misplaced.

I am happy to report that in spite of some clouds on the horizon, we have overcome some of our problems and I feel, though it may be a prejudiced thought, that we have made some progress in our goals in 1962-63. There are several general categories I would like to leave with you as thoughts for further discussion or further resolving. I have classified these in order of general information, national information and state and local information.

Nationally there are several things I would like to report to you for your thought and consideration. One is the subject of formularies in hospitals and the stand that is being taken by A.M.A. and others as to the constitutionality and legality of these formularies. The latest entry into the argument in this field is the insurance companies, who have advanced the opinion that the physician himself assumes certain liabilities when he allows formulary filling of his prescriptions, as it does not meet all of his requirements.

Nationally we are faced with a great influx of quack remedies. The American Pharmaceutical Association, working through and with the Food and Drug Administration, is attempting to expose this gruesome appeal to sick people. Certainly anything our Association can do to help will be a further feather in our cap.

The Pharmaceutical Manufacturers' Association and other associations had a meeting at the National Drug Trade Conference and voted for a proposed revisions for a model state narcotic act. The A.Ph.A. has refused to endorse this proposal since it will allow exempt narcotics to be sold in any type store, and not under the supervision of a registered pharmacist. We should certainly settle for nothing less than the inclusion of "Pharmacists Only" sales of exempt narcotics, and only in pharmacies licensed to do so.

The United States Department of Health, Education and Welfare has recently issued a nursing home guide in which pharmaceutical services in the nursing home are taken up in detail. We, as pharmacists, owe it to our profession and patients in these nursing homes to see that strict and absolute professional service is so rendered under all the legal requirements involved in prescription dispensing.

Again, as last year at this time when our colleagues in California and other western states were under indictment for practices which at that time seemed to be a good professional act, we find at this time our colleagues in California under indictment for a practice which certainly calls for all of us to come to their immediate defense. I speak now of the pharmacists in Stockton, California, who have been found guilty by the courts for refusing to divulge the contents of prescriptions in an insurance litigation. As our own Code of Ethics states and has stated since its inception, the information contained therein is confidential information conveyed to the pharmacist by the prescriber for the sole benefit of the patient. It would certainly behoove us to meet with the Insurance Commissioner of this state and pharmacists in all states and work out some reasonably acceptable method of conveying charges to insurance companies with the sole thought in mind that certain of this information must be confidential and, therefore, unobtainable except through the express permission of the patient or physician. The sooner this is done, the better off it will be for all of us. The main thought here is to bear in mind our professional responsibility to the patient.

With the advent of the Kerr-Mills Bill and the Medical Assistance to the Aged program, there has been a vast increase in prescriptions under public programs. We are faced with a very serious problem in pharmacy as to the fees which should be paid for the professional services rendered in this field. I am firmly convinced that all parties concerned with the payment of these fees wish to be fair with all the purveyors of the services, be they physicians, dentists or pharmacists. There is certain information which is absolutely essential for this Association to have in order to arrive at certain definite conclusions in costs. You have been asked by the Association to send back certain reports to the office of the Association auditing firm for consolidation. If this information is not forthcoming, you have no one to blame but yourselves in the final analysis. Bill Cooley and his committee have been working untiringly on this project and need all the help you can give them.

It does seem with sufficient and proper amendments that the Kerr-Mills Bill can very adequately take care of and maintain the aged in a program of medical assistance. This is a free choice program which allows the patient free choice and consequently

I think we should certainly go on record again favoring this type of legislation and also go on record as continuing to oppose any type of Medi-Care assistance under Social Security or any other form of complete governmental control. As with taxes, which never seem to get less or be removed, need I say more as to what the future holds in store for medical assistance?

Last year my predecessor, Norman Levin, spoke of "one voice in pharmacy". His belief in "grass roots associations" becoming an integral part first of the state association has been further encouraged. I am happy to report to you that there is great progress being shown on the Eastern Shore in the rebirth of their association and there is constant talk among the county associations for petitioning the state association for affiliation. This, of course, must be the first step in developing "one voice" and I, like Norman, wish to take no part in any controversy as to who the national leaders should be but, from where I sit, it would appear to me that the American Pharmaceutical is best qualified to assume this responsibility since it does represent and contain in its membership pharmacist representatives from all the important phases of our profession and it certainly looks, from where I sit, that the National Association of Retail Druggists is best qualified, under this set-up, to represent retail drug store owners, and other associations to represent their particular segments as a part of the office of the commander-in-chief in a chain of command. Further, it certainly does require of the American Pharmaceutical Association great responsibility to exert forthright and powerful leadership in pharmacy's discussions at any level, since it does represent all of the profession. Certainly the main responsibility would appear to me to be the subject of communications for most of our problems seem to stem from the fact that the right hand never knows what the left hand is doing when all that has to be done is to come out from behind the paper work between the two hands and talk it over.

One of the successful ventures of this term was our success in the legislature where further strides were made to strengthen the power of the Board of Pharmacy in controlling certain practices of pharmacy. Jerome Mask, Chairman of the Legislative Committee, is to be commended for his dedicated efforts in behalf of essential legislation. It is only the fondest wish of this president that succeeding presidents shall see that the Board always uses the power entrusted to them justly and wisely and, above all else, firmly in carrying out their duties and functions.

To further carry out our position as the Association which represents the pharmacists and pharmacies in Maryland, it is my great wish that the projected amendment to be voted on at this Convention shall be adopted with flying colors. This will set up only *one* class of membership for ALL pharmacists with equal rights and privileges for all. To me this is the only way we can truly be called the Maryland Pharmaceutical Association—with all members having equal rights and privileges. This then, ladies and gentlemen, also calls for certain responsibilities on your part. First of all, membership, and certainly almost equally as important, activity, since this is the only way your Association can function successfully.

It will be interesting to note the effect of the pharmacy ownership law in the State of North Dakota. This, of course, is the first law adopted in the nation since the famous Liggett case of the middle 1920s. If this law can stand the tests of the courts (and I can see no reason why, pharmaceutically speaking, it should not), then we have the next step in controlling the profession for the benefit of all the public. You might wonder how this would be brought about, but I certainly do not have to tell you that lawyers in the pursuit of their legal profession are not encumbered by outsiders practicing law, nor is the medical profession concerned with anyone other than physicians practicing medicine, nor is dentistry concerned with anyone practicing their profession except dentists. It may be trite to say even this, but unless a barber has a proper license to cut hair, he cannot cut hair or own a barbershop, so how then can we expect the Board of Pharmacy, which as the name implies should be observing and governing pharmacists, have to concern itself with every Tom, Dick and Harry who chooses to apply for a pharmacy permit? Also, parenthetically, might I add that the further responsibilities of pharmacists are certainly implied since Tom, Dick or Harry could not do it without you. If your profession means nothing more to you than this, then take the recommendation of one person and take up something else. Of course, what I am referring to here is a re-evaluation of pharmacy as a profession and what it should mean to you—and certainly what it should mean to you is a knowledge of drugs and their actions and your ability to convey this information when requested. With the complex names and details of new drugs, we are essential to the other allied health professions and, in so establishing ourselves as the source of this knowledge, we also establish ourselves as an integral part of that team.

Along these lines, during the past year we have had many fruitful meetings with the Pharmacy Liaison Committee of the State Medical Society. One of the sore spots which we were faced with was the inability to read or decipher certain signatures on hospital prescription blanks. Through the efforts of this Committee, a Resolution to the State Medical Society Meeting was proposed and passed requiring all physicians not only to sign hospital prescriptions but to type or print their names over the signature. This should certainly prevent any legal redress on the subject of signatures. I would be remiss in this report if I did not publicly thank Dr. John F. Schaefer, the chairman of this particular committee in the Medical Society, whose enthusiasm and untiring effort brought this and other professional problems nearer to solution.

We are also engaged with the dentists, physicians and lawyers in a Congress of Professions. This is a small group made up of several members of each of these professions who meet periodically to discuss mutual problems, mutual interests and mutual solutions.

One of the items which we were not able to resolve this year comes to me as a disappointment. I have reference to the promiscuous usage of labeling prescriptions as to their contents. To me this is a practice which is frought with many serious possibilities. It certainly disturbs the physician-pharmacist relationship as to the contents of prescriptions, which we have steadfastly maintained during the years in our Code of Ethics. It also is leading to a great deal of "back fence" medication of one neighbor to another neighbor. Thirdly, all of the publicity being given in the public press to pharmaceutical products and the occasional problems that concern themselves with these products, is leading to an era whereby patients are continually disturbed by reference to drugs which they are taking and the quotations which appear in the press calling attention to the serious side effects of these same drugs. It would appear that this practice should come under very close scrutiny by the practitioner who indulges in it with a clearer thought as to the possible misuse of this act and should be studied at greater depth by our Inter-Professional Relations Committee.

During the course of this year, your Association mailed to every physician in the State of Maryland a general letter which alluded to prescriptions, vitamins and other accessories obtainable in local pharmacies. From the comments received, the physicians themselves were happy to receive this type of communication. It is hoped that succeeding years will see a broader development of this type of communication.

On a state and local level, I should very much like to commend the Prince Georges-Montgomery County Pharmaceutical Association and the editor of the Bi-County Pharmacist, Mr. Paul Reznek, for the development of a valuable piece of communications to its members. Also to the Baltimore Metropolitan Pharmaceutical Association and its Bulletin chairman, Herman Drukman, for a constantly alive and up to date communications, the News Letter, to its membership. This is the only way which we are going to stay abreast of the situation, as I see it. If we are aware of a problem when it is a problem, the solution is so much easier than having to go back and dig out the facts later.

During the past year we saw the introduction of a Simon Solomon Pharmacy Economics Seminar under the very capable leadership and direction of Mr. Aaron M. Libowitz, its chairman. This Seminar has been established as a Fall counterpart of the Spring Swain Seminar. In this way we are able to provide our membership with not only professional education, but also business education. It is hoped that these two Seminars, spaced as they are, will continue to grow in attendance and stature as this best typifies our continuing education.

As the office of the presidency was certainly never intended to be a one man job or a one man show, I would be most remiss if in this report I did not give credits where credits are due. As every president has certain advisers to whom he can turn with certain problems, in professional relations my thanks to Charles Spigelmire and his committee for their untiring efforts in both public and professional relations. To Aaron Libowitz, President of the Baltimore Metropolitan Pharmaceutical Association, for his wise counsel and close cooperation, particularly in the selection of committeemen where we did try to place members involved with the same problems on like committees. I do believe from this small beginning that this does offer great possibilities in the prevention of duplication and effort. To Morris Yaffe and the membership committee for plugging away at a plan of some type of affiliation or federation which will be acceptable to all members. If Morris is able to accomplish this, there is not enough gold to strike the medal he would so justly deserve, for, but where except in Pharmacy, do we have as many independent people and independent thoughts.

No organization such as ours could function without a financial structure. Mr. Gordon Mouat, as chairman of the budget committee, and his committee have worked most diligently to balance the finances. It is through recommendations of this committee that some revision of the constitution is in order. And while on finances, it is with genuine regret and sorrow that we accepted the resignation of Dr. John Wannenwetsch as treasurer this past year. This was done on advice of his physician and agreed to by all as the best way to keep our beloved and august counsel with us for years to come.

I wish at this time to acknowledge the efforts of Irving Cohen who has worked so hard to overcome the obstacles in establishing a Robert L. Swain Model Pharmacy and a B. Olive Cole Pharmacy Museum.

As I discussed many times with many people, the minute you start mentioning names, you are in trouble and, believe me, I am in trouble for not mentioning all of your names, but from the bottom of my heart I wish to thank everyone else in the Maryland Pharmaceutical Association for a spirit of cooperation that has allowed us to progress further as a profession in 1962-63. This is particularly true of the committee chairmen for this year. If it had not been for their untiring and unceasing efforts, we could not have been in business.

Of course, without saying, our Secretary has many problems, and, though we as human beings do have differences of opinion, we have seemingly resolved the majority of ours and his help and counsel have further led to the strides we have made during this past year.

In 1962-63, next to my wife, I finally came up with two more girl friends and without their help I would still be back in October of 1962. Of course, I have reference to Geraldine (Jerry) Boan and Lillian Boyd, who were never too busy or too tired to listen to my problems and take further dictation from another member when it was required. Again, my sincere thanks to the entire staff at 650 West Lombard Street.

This is my swan song as president, but this is the profession that I love and cherish, and only wish to see it reach the heights that I think it so justly deserves. If in succeeding years I can offer any service to anyone, I stand ready to do just that. Again I thank you from the bottom of my heart for being allowed to serve as President of the Maryland Pharmaceutical Association.

President Morgenroth was given a rising vote of thanks and, upon acceptance of the address, Mr. Cooley returned the chair to Mr. Morgenroth.

The following telegram from Aaron M. Libowitz, President, Baltimore Metropolitan Pharmaceutical Association, was read by Secretary Gruz: "Best wishes for a successful convention. I want to offer you my congratulations on your leadership as President of the Maryland Pharmaceutical Association in the past year. Never before has the Maryland Pharmaceutical Association worked in closer liaison with the Baltimore Metropolitan Pharmaceutical Association. The results speak for themselves."

A recess for refreshments and drawing of prizes was held.

President Morgenroth reconvened the meeting and introduced the moderator of the panel, Edward F. Keating, Manager of Trade Relations for Merck, Sharp & Dohme, as follows: "Edward F. Keating is the Manager of Trade Relations for Merck, Sharp & Dohme. He is a 1930 graduate of the Illinois College of Pharmacy, was employed in the pharmaceutical industry until 1948 when he purchased his own pharmacy in Chicago. He served on the Mayor's Committee for Civil Defense and was chairman of the Industrial Relations

Committee of the American College of Apothecaries. He was elected president of the A.C.A. in 1959 and is a member of the American Pharmaceutical Association and has been active in the Illinois Pharmaceutical Association. Mr. Keating is responsible for Trade Relations in all categories of pharmaceutical distribution for Merck, Sharp & Dohme; retail, wholesale, chain and hospital. His firm is assisting in arranging this panel."

The panel presentation consisted of:

Harry J. Knox, President, Medical Data Services, Inc.—"Pharmacists and Discounters."

Dr. Roy A. Bowers, Dean Rutgers University, College of Pharmacy—"Pharmacy Education—Is It Meeting the Challenge of the 60's?"

Henry R. Steinhaus, Community pharmacist, Kansas City, Mo. —"Facts and Fantasies of Retail Pharmacy."

Dan Rennick, Editor American Druggist—"The Big Lies."

The texts of the presentations are to be published in regular issues of "The Maryland Pharmacist" beginning with the January issue.

President Morgenroth expressed his appreciation to Mr. Keating and the panelists for providing an informative and stimulating program.

The President then made announcements of the L.A.M.P.A. Fashion Show and Luncheon at the Pool Deck in the afternoon. The evening entertainment was to feature a T.A.M.P.A. presentation "A Night in Old Baltimore" with costume prizes, dancing and refreshments in the Ballroom.

With the drawing of attendance prizes, the Second Session was adjourned at 1:30 P.M.

THIRD SESSION

Wednesday, June 26

The Third Session of the 81st Annual Convention was held in the Ballroom. It was preceded by a program at 9:30 A.M. presented by the Eastman Kodak Company. James D. Murphy, Sales Representative, introduced the film, "The Triumph of Lester Snapwell," which included a humorous history of picture-taking, starring Buster Keaton.

The Third Session was called to order by President Morgenroth at 10:00 A.M. The Early Bird prize was won by Mrs. Spigelmire.

The gavel was then turned over to 1st Vice-President William A. Cooley to preside at the Third Session.

Chairman Cooley called upon Dr. Noel E. Foss, Dean of the University of Maryland School of Pharmacy for his report.

REPORT OF THE SCHOOL OF PHARMACY

By Dean Noel E. Foss

This report covers the fiscal year of the University of Maryland, namely, July 1, 1962 to July 1, 1963.

Enrollment

The enrollment at the beginning of the 1962-63 fiscal year was as follows:

Baltimore:	
Seniors	54
1st Year Professional	31
2nd Year Professional	2
Total undergraduates	87
Graduate students	44
Total Enrolled in Baltimore	131
College Park:	
First Year	48
Second Year	60
Total Enrolled in College Park	108

The total number of Veterans and War Orphans enrolled the first semester in Baltimore was 4.

The number of undergraduate girls enrolled in Baltimore was 12 and at College Park, 12.

The total number of students graduated in June 1963 was 52. Of the 48 first year pre-pharmacy students enrolled at College Park, 28 were from Baltimore City and Baltimore County, 2 from Carroll County, 8 from Prince Georges-Montgomery County, 4 from Anne Arundel County, 3 from the Eastern Shore, 2 from Western Maryland, 2 from the District of Columbia and one from out-of-country (Costa Rica).

Recrcuitment of Students

The Careers in Pharmacy Committee of the Alumni Association, under the able leadership of Mr. H. Nelson Warfield, continued its splendid work during this past year. During 1962-63, visits were made to Loyola High School, Towson, Maryland; Suitland High School, Suitland, Maryland, for Careers Night: Baltimore City College; Arundel High School, Gambrills, Maryland; and Beltsville High, Beltsville, Maryland. A new feature this year was participation in a Health Careers Fair in Easton, Maryland, in cooperation with a group of local pharmacists. About 1500 students, their teachers, parents and the public from all over the Eastern Shore visited this Fair.

The School deeply appreciates the continued support and cooperation of the many members of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association for their assistance with these programs.

Scholarships and Loans

The School of Pharmacy would again like to express its appreciation for the continued support of the donors of the respective scholarships, namely, Alumni Association of the School of Pharmacy, Alumni Association of the University of Maryland, Maryland Pharmaceutical Association, Noxzema Foundation, Read's Drug Stores Foundation, Inc., Carroll Chemical Company, the Prince Georges-Montgomery County Pharmaceutical Association, A. M. Lichtenstein Scholarship, and the American Foundation for Pharmaceutical Education.

The Alumni Association, the Maryland Pharmaceutical Association and the Read's Drug Stores Foundation, Inc., continued to offer scholarships to pre-professional pharmacy students at College Park in an attempt to assist worthy students.

The University of Maryland continued to participate in the National Defense Education Loan plan established by the Federal Government for worthy students in need of financial aid. As in the past, students in the School of Pharmacy shared in these loan funds.

Honors and Awards

At the all University Honors Convocation held at College Park on November 16, 1962, I am pleased to report that 5 students enrolled in the School of Pharmacy in Baltimore were recipients of certificates indicating that they had earned a 3.5 grade point average (3.0=B; 4.0=A). The parents of the students as well as friends were invited to the Convocation and the reception which followed.

Five senior students were initiated into the University honor society, Phi Kappa Phi, the purpose of which is the recognition and encouragement of superior scholarship.

Three seniors were initiated into Rho Chi, the National Honorary Pharmaceutical Society.

Students in the School of Pharmacy again were recognized as graduating with honors at the 1963 Commencement. Five students graduated "With High Honors" and five "With Honors." In addition to being listed in the Commencement program, these honors designations were also included on their diplomas.

Each year, a national essay competition, known as the Lunsford Richardson Pharmacy Awards program, is sponsored by Richardson-Merrell, Inc., and its pharmaceutical units, the William S. Merrell Co., National Drug Co., Walker Laboratories, and Vick Products. The objective of these awards is to encourage scientific and professional thinking on the part of students, both graduate and undergraduate, in the interest of furthering pharmacy as a cardinal member of the American Health Team.

In the graduate competition in this eastern region, the first prize consisting of $500.00 was won by Dr. Robert E. Havranek, who completed the requirements for the Doctor of Philosophy degree with a major in pharmaceutical chemistry in February 1963. Dr. Havranek is the first person to have won two first prizes in this competition, having previously won first prize in 1959 on the basis of his Master's thesis at the School of Pharmacy.

Faculty

Miss Lillian Darago, who completed requirements for the M.S. degree at the University of Maryland in August 1962, joined the staff as Instructor in Physiology effective September 1, 1962.

Dr. Ruth Weiner, who completed requirements for the Ph. D. degree at Johns Hopkins University in June 1962, joined the staff as part-time Assistant Professor in the Department of Pharmaceutical Chemistry to teach our graduate course in physical chemistry.

Dr. F. M. Miller, Professor and Head of the Department of Chemistry, visited the Near East as an American Specialist for the Educational and Cultural Exchange Program of the U. S. State Department in March 1963, lecturing and visiting universities in Bierut, Lebanon and Baghdad, Iraq.

We were very pleased to again have the services of Mr. Joseph S. Kaufman who offered the course in Pharmaceutical Jurisprudence during the second semester of 1962-63.

Working in various departments in the School of Pharmacy during 1962-63 were five post-doctoral fellows from the Philippines, Argentina, Japan, Britain, and India, as well as pre-doctoral fellows on grants supported by the Public Health Service, American Foundation for Pharmaceutical Education, Dunning Fellowship, Noxzema Fellowship and National Science Foundation.

Graduate Program

The total enrollment in the Graduate Division in 1962-63 was 44 students. During the year six students received the Master of Science degree and six the Doctor of Philosophy degree.

The graduate program in pharmaceutical chemistry, pharmacy and anatomy and physiology has continued to receive substantial aid from sources outside of the University.

Faculty Activities

Mr. Dean Leavitt, Instructor in Pharmacy Administration, attended the Seminar for Teachers of Pharmacy Administration of the American Association of Colleges of Pharmacy, held in Pittsburgh, Pennsylvania in July 1962.

Dr. Leslie C. Costello, Associate Professor of Anatomy and Physiology, attended meetings of the American Institute of Biological Sciences held in Corvallis, Oregon, in August, 1962.

Dr. F. M. Miller, Professor and Head of the Department of Chemistry attended the meetings of the American Chemical Society held in Atlantic City, New Jersey, in September 1962; also the Conference on Structural Organic Chemistry sponsored by the National Research Council in Natick, Massachusetts, in October 1962.

Dr. Norman J. Doorenbos, Associate Professor of Chemistry, attended the meetings of the American Chemical Society held in Atlantic City, New Jersey in September 1962.

Dr. Ralph Shangraw, Assistant Professor of Pharmacy, attended the Eastern Regional Meeting of the Section on Industrial Pharmacy of the American Pharmaceutical Association held in Philadelphia in November 1962. Dr. Shangraw also accompanied the students on the trip visiting the manufacturing laboratories of Eli Lilly Company in Indianapolis, Indiana.

Dean Noel E. Foss attended the Remington Medal Presentation Dinner tendered to Harry J. Anslinger, in New York in December 1962; also the annual meeting of District No. 2, Boards and Colleges of Pharmacy at White Sulphur Springs, West Virginia, in November 1962.

Dr. F. M. Miller represented the University of Maryland School of Pharmacy at the Conference of Deans Concerned with Graduate Education in Pharmacy sponsored by the Southern Regional Education Board in Atlanta, Georgia in February 1963.

Dr. Ralph Shangraw attended the Seminar on Pressurized Packaging sponsored by the Chemical Specialities Manufacturers Association in New York City in March 1963. Dr. Shangraw also attended the Seminar in Industrial Pharmacy held at St. John's University in April 1963.

Dr. Donald E. Shay, Professor and Head of the Department of Microbiology, attended the annual meeting of the American Society for Microbiology held in Cleveland, Ohio, in May 1963.

Dr. Leslie Costello and Dr. Hiroshi Oya, Research Associate, attended the New York Academy of Sciences Conference on "Some Biochemical and Immunological Aspects of Host-Parasite Relationships" and presented papers at the New York University Medical Center in April 1963

Dean Foss, Dr. Costello and Miss Lillian Darago, Instructor, attended the meetings of the American Pharmaceutical Association held in Miami, Florida, in May 1963.

Mr. Dean Leavitt, Instructor in Pharmacy Administration, attended the sessions of the American Marketing Association held in Washington, D.C. in June 1963.

Dr. Norman J. Doorenbos attended the Industrial Research Conference held in Land-O-Lakes, Wisconsin, in June 1963.

Student Activities

Activities for 1962-63 included rental of a gymnasium from the Bureau of Recreation for basketball games, annual picnic at Herring Run Park and the Senior Prom.

The Tenth Annual Honors Day Convocation was held in the auditorium of the Health Sciences Library on June 6th, followed by the Annual Alumni Banquet and Dance in the Baltimore Union.

During the year, students visited Eli Lilly and Company in Indianapolis, Indiana, the Henry B. Gilpin Company in Baltimore, Maryland, the Food and Drug Administration and the National Institutes of Health in Washington, D.C.

An invitation was extended to the entire student body to visit the new professional establishment—Voshell's Pharmacy—located on Wilkens Avenue.

The Alumni-School of Pharmacy Joint Activities for Students

The Alumni Association sponsored the 16th Annual Frolic in November 1962 at the Straus Auditorium and the annual Alumni Dance in February 1963. All students and faculty were invited as guests of the Alumni Association for the Dance. On June 6th, the Alumni held its Annual Banquet and Dance at The Baltimore Union to which members of the graduating class and their escorts were invited as guests of the Alumni Association. The School is very appreciative of these activities sponsored by the Alumni Association.

Student Government Alliance

The Student Government Alliance, under the able leadership of Mr. David Blake and the other officers for 1962-63, had a very good year. The administration and faculty of the School of Pharmacy appreciate the cooperation received from the SGA during 1962-63.

Robert L. Swain Seminar

The School of Pharmacy was pleased to be able to participate in the Third Robert Lee Swain Seminar held in March 1963, and which has been previously described to you by the Chairman of the Committee.

Five Year Curriculum

Thirty-one students enrolled in the third year of the five year curriculum with two students having advanced to the second year of the five year curriculum. Although it is too early to draw any definite conclusions, it appears that the students entering the professional program at the School of Pharmacy in Baltimore after two years of pre-professional work are more mature, make a better appearance, and may have less scholastic difficulties than students entering directly from high school. Approximately one-third of the students in the first professional year in Baltimore are from areas outside of metropolitan Baltimore. The three years experience with pre-professional students at College Park indicates that there is a definite advantage for students to complete their pre-professional program at the College Park campus of the University.

Conclusion

Special thanks and appreciation are expressed to Mr. Irving I. Cohen, Chairman, and other members of the Committee on the School of Pharmacy, for their untiring efforts in having arranged for a practical plan for the furnishing of fixtures for the model pharmacy during this next year; to the officers of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association, and especially the Executive Secretary, Mr. Nathan I. Gruz; the President of our Alumni Association for 1962-63, Mr. Sam A. Goldstein, and its secretary, Dr. Frank J. Slama; the Maryland Board of Pharmacy, and particularly its secretary, Mr. Frank S. Balassone; for their splendid assistance and cooperation this past year.

Chairman Cooley then called on Dudley J. Taw, Vice President, Trade Relations, Revlon, who spoke on "The Secret Key for Prescription Business."

Mr. Taw presented the basic requirements in the promotion of a successful cosmetic department in a pharmacy. He stressed that a pharmacy with a loyal following of cosmetic customers also received their support as patrons of the prescription department. It is important to recognize that most prescriptions are brought in by women.

Mr. Taw, an enthusiastic and electrifying speaker, was thanked for his provocative presentation.

Following a recess for refreshments and prize drawings, Chairman Cooley called upon Norman J. Levin, immediate past-president of the Maryland Pharmaceutical Association, to serve as moderator of the panel presentation.

Moderator Levin then introduced the program as follows:

PATTERNS OF PRESCRIPTION DRUG DISTRIBUTION

Moderated by Norman J. Levin

One of the vital issues in Pharmacy today is the pattern that has been developing in the distribution of prescription drug medication. In the past the picture was almost wholly from manufacturer, through wholesalers to the pharmacist. Over the years a few manufacturers maintained a limited number of direct retail pharmacy accounts. This policy of direct accounts has been instituted in recent years by more and more manufacturers.

At the same time, some manufacturers have reduced the margin allowed their wholesaler distributors who are in effect competing in price with the direct sellers.

Today we have the rare opportunity for hearing spokesmen for diverse points of view—the view of a manufacturer who only sells through a manufacturer and the view of a manufacturer who maintains distribution through both wholesaler and by selling directly to retail accounts.

At the same time we are fortunate in having on this panel the spokesman for the organization representing most full-line service wholesalers — the N.W.D.A. — The National Wholesale Druggists Association.

I am sure all of you understand today's climate of government criticism and will appreciate the time and efforts these three busy gentlemen have taken to be with us.

The first panelist is Mr. Gerald M. Slade, Director of Trade Relations, Warner-Chilcott Laboratories, who will present the viewpoint of the manufacturer who distributes only through wholesalers.

FOR WHOM THE BELL TOLLS

By

Gerald M. Slade, Director of Trade Relations

Warner-Chilcott Laboratories

The opportunity to join with you at this meeting today is indeed a privilege and a pleasure. A privilege to discuss matters of great significance to all of us—a pleasure to meet new friends with common interests.

The late Ernest Hemingway's great novel may seem a strange and inappropriate title for a talk at this meeting attended by and conceived for substantial community pharmacists. I chose it because the bells of challenge and decision are tolling loud and clear for all members of the pharmaceutical family, and if this recitation achieves a fraction of the success of Hemingway's classic, then it will indeed be rewarding.

Isn't it a paradox that for this fantastically growing industry the climate was never more turbulent—the horizons more cloudy. We have all read the experts' predictions that the pharmaceutical market will shortly reach four billion dollars at manufacturers level and that prescription volume alone will double by 1970. Yet all of our family, the pharmacist, the wholesaler and the manufacturer, face problems unique in the history of drug marketing. The wholesaler and pharmacist who are so essential to the orderly and economical distribution of drugs are faced with confused and rapidly changing conditions. You know them far better than I. The manufacturer also has some rough pavement in the road ahead.

I would like to discuss a few of the problems confronting the three members of the pharmaceutical family. Let's take them in the sequence of distribution. The manufacturer, the wholesaler and the pharmacist.

I will attempt to talk with you from the nonmyopic viewpoint of one who is responsible for recommending to his company the best possible way to distribute its products throughout the fifty states in order that they be immediately available to the patient when needed. For the patient is the most important person in the whole scheme of our endeavors.

As the few people in this room who know me can testify, I speak from my heart when I talk about pharmacy. I am a pharmacist and for many years a community pharmacist as many of you are. For all of the years that I practiced pharmacy and during the time that I have been closely associated with pharmacy as a manufacturers' representative, pharmacy has been good to me—awfully good. Consequently, when I speak of pharmacy I wear my own hat and in appealing to your intelligence, your common sense and even to your fears and prejudices. If you disagree, you will at least know the sincerity of my remarks.

On December 7, 1959, the political opportunist from Tennessee celebrated the anniversary of the sneak attack on Pearl Harbor by touching off the powder keg that is responsible to at least some degree for today's problems in pharmacy.

Truly a date to list on pharmacy's calendar as a "day of infamy." Inasmuch as the manufacturer has borne the initial brunt of the Senator's hearings on "administered prices" and you are naturally more concerned with your problems, it's entirely fitting at this meeting to discuss only briefly the manufacturer's current situation first.

The manufacturer had just finished repairing the fences knocked down by the rampaging Senator—coon-skin cap in one hand and ballot box in the other, when the unfortunate thalidomide incident occurred. Since Kefauver had introduced the boys to good food the political gourmets returned to the table with ravenous appetites. Ensuing legislation was in part hurriedly conceived and ill advised. The drug manufacturers will live within the bonds of these new laws for some time. Let me hasten to add that members of the Pharmaceutical Manufacturers Association have unequivocally endorsed specific measures to strengthen the F.D.A. administration. Specifically, the P.M.A. resolution called for a careful reorganization of the F.D.A. along the lines indicated by the Citizens Committee and an adequate increase in the appropriation by Congress for the Food and Drug Administration.

We do not believe the situation is as bleak and desperate as has been painted by extreme pessimists. Research will not come to a screeching halt. Years of gestation of new therapeutic agents nearing term will not be aborted. But the steady flow of new products that have been responsible for pharmacy's tremendous growth since World War II will be curtailed.

Let's face it—pharmaceutical manufacturers are not philanthropic organizations any more than your pharmacies are. Research is expensive! For the past several years the industry has plowed back over ten cents out of every sales dollar into the search for new drugs. This is over three times greater than all other American industries. The failure ratio is over 2500 to one. In 1961 the bill was well over 200 million dollars. Before the present regulations were effected it was estimated that research costs would soar to 500 million annually by 1970.

Research will not be discontinued but the manufacturer is going to take a long hard look at its costs before budgeting as freely as he has in the past. This will affect you. Do you remember not too long ago when some pharmacists castigated manufacturers for bringing out too many new products and dosage forms—with complete disregard for the facts. The facts are that never in any of the last 20 years, did prescription inventories increase as much as prescription dispensing. As a matter of fact, the cumulative effect over the years has been a 6 to 4 ratio in prescription dispensing over prescription inventories. In 1939 the average pharmacy dispensed 3,404 prescriptions—in 1962 they dispensed 14,486. New products have been the life blood of our industry.

It's entirely possible that the pharmacist will learn additional facts of life in the near future if the stream of new products is reduced to a trickle.

As manufacturers, we recognize that this may be our largest single problem, but I wonder just how many of you realize the full impact of it's seriousness to your practice.

New antitrust problems are a completely different area but it's one that will constantly harass the manufacturer and the fallout must affect you. The greatest antitrust difficulties lie in the area of distribution and marketing.

The drug manufacturer has come a long way in the past 20 years. The economy of the market place has made it imperative that we learn a great deal about the production of goods. We have developed a great sophistication in this area. However, we still are relatively ignorant about marketing them.

We are still pretty naive in the distribution of goods within the framework of the controversial and complex Robinson-Patman Act. Just recently two Justices of the Supreme Court stated that it was a "singularly opaque and elusive statute." If the Supreme Court admits some doubts then our confusion is to at least some degree justified. Please don't misinterpret my remarks as criticism of the Robinson-Patman Act for if we didn't have it, distribution of goods would be completely mired in a morass of confusion. The fact that it has not been amended for over a quarter of a century is sufficient ratification that it is a pretty sound piece of restrictive legislation.

We could spend days discussing the ramifications of the Robinson-Patman Act. This is not our assignment at this meeting. It is enough that it is needed and will have a long life. Because of today's congressional interest in our activities, it will be an important factor in the days ahead. It might have been well for the drug manufacturer to have devoted more time and money in the research of distribution. One thing very apparent today is that manufacturers with dual or multiple distribution systems face a number of unresolved questions that will come under close scrutiny in the immediate future.

There are many other problems facing the drug manufacturers, some government inspired, others of our own making. However, for the purpose of this meeting, we will not burden you with any more of these.

Now for the wholesaler. The wholesaler who is the pipe line between the spring and kitchen faucet is faced with confused and rapidly changing conditions. The glare of the spotlight on drug prices has caused a number of manufacturers to examine their distribution policies and some changes have been effected. The benefits of most of these changes to manufacturers and pharmacists are yet to be proven but there is one absolute certainty—they have not helped the wholesaler.

Starting with the conclusion of World War II, the wholesaler began grazing new pastures of pure clover. New drugs poured forth from research laboratories in a never-ending stream. Wonder drugs and some not too wonderful—but all carried the quality 100 per cent virgin wool price tag.

Suddenly the drug business became big business. The metamorphis from the empirical wets and drys, tinctures and fluid extracts, galenicals and botanicals was swift and dramatic. The pound of Sabadilla seed and the four ounces of Tincture of Lobelia were replaced by the specific miracles with the miracle prices. The number of wholesalers remained reasonably static. Suddenly they were counting dollars instead of pennies. As the fruitful forties and the fattening fifties rolled by the wholesalers switched from Fords to Cadillacs. They became fat—and complacent.

To be sure there were some disturbing elements to rock their boat. One was the birth and rapid growth of the so-called short line wholesalers on the West Coast. But this was no problem in Maryland.

Another speck on the horizon that rapidly bloomed into a dark cloud was the rapid growth of the mutual wholesaler. But here again like the short liner it was confined geographically and was not a national problem.

However, all of the pernicious herbs stewed well in the witches cauldron and Kefauver was the catalyst that made the pot boil over. The sizzling sixties is not inappropriate for some drug wholesalers who are getting burned.

The full line service wholesaler today is at an important fork in the road. He can continue to offer his traditional services or he can enter the cut-throat price competition.

It's economically impossible for him to do both! His decision of which way to go is difficult as the pharmacist will have a tremendous influence on this decision. You will choose either the wholesaler who offers the services—the green candles for the pink birthday cake—the wholesaler salesmen—the pharmacy remodeling service—the prescription information— the 30 to 45 days credit, accounts outstanding for 60 or even 120 days—accepting returns of dust covered and dirty junk you have kept laying around for years—and all of the many other services that you accept as a matter of course.

Or—you can buy wherever you can get the best price whether it's cash and carry—volume discount—discount based on line extension or whatever. But please realize one fact, you can't continue to favor the price cutter and use the service wholesaler as an "out house." Because the wholesaler used only for fill-ins and shorts **can't** stay in business. Would you care to speculate operating your pharmacy without the drug wholesaler? I'm certain that the manufacturer would have a few minor difficulties if the wholesaler was forced to close shop. I believe the day has come when the wholesaler, despite a strong affinity for all of his clients, has got to start weeding the garden, by carefully evaluating the profitability of his accounts. If you don't already know it, please take one thing home with you from this meeting. YOU CAN'T OPERATE A PHARMACY WITHOUT A DRUG WHOLESALER.

Two more problems of fairly recent vintage confronting today's wholesaler is pool or group buying and mail order wholesaling.

I maintain that over the long haul, pool buying is the costliest way for a pharmacist to obtain drugs. I also believe that a pharmacy located in Paducah, Kentucky or Baltimore, Maryland who obtains his prime pharmaceuticals from a wholesaler in Connecticut has taken leave of his economic senses. In both pool and mail order buying the major negative is the magic of turnover.

Many pharmacists haven't the remotest conception of just what turnover means. Handling of merchandise has nothing whatever to do with turnover. You turn capital invested—not merchandise. The smart pharmacists buy their fast sellers at the beginning of the wholesaler billing period in quantities sufficient for front-of-the-store pharmacy merchandising and prescription requirements. There's **no** investment for 45 days.

I have attempted to list some of the wholesalers' woes and how they concern you. Let's spend my remaining time on this program talking about your problems and what one pharmacist thinks you can do for economic survival.

As a starter let's take the chains and discount stores that are kicking you where it hurts the most—the prescription department. **You** are at least to some degree to blame for this development.

The pharmacist has always thought that the prescription department was "holy ground." This was the one segment of his practice that was untouchable, his inalienable right never to be sullied by the dirty hands of commercialism.

Until recent events dictated otherwise, prescription pricing remained pretty much as it was in my retail days when the 75 cent and $1.25 prescriptions were the order of the day. I well remember as some of you do when a prescription for 84 Lilly's Lextron or Extralin was the costliest dispensed prescription in the book.

As new drugs were developed and the costs increased, many pharmacists maintained the same pricing schedule. As the antibiotics, the steroids, the diuretics, the tranquilizers, the antihistamines and other specifics replaced iron, quinine and strychnine and Gray's glycero phosphate—prices—**and profits** soared. Until recently maintenance medication received the same pricing treatment as medicines for acute conditions.

For years the prescription department has subsidized poor front-of-the-pharmacy merchandising giving the pharmacist a false sense of competitive security. It's no wonder the chains in their fight against the new discount operations finally started cutting into the fat of your business.

Now, chain store competition is nothing new to any of us and they **always** have been tough competition. They're tough because chains are run by smart businessmen. I'm not sure that they always have the interests of professional pharmacy at heart but this may be understandable as many of them are not pharmacists—they're merchants.

I may be completely wrong, but I believe the independent pharmacist is faced with the greatest opportunity in years to battle the chains and the discount houses to a complete standstill.

Let's look at some statistics. Last year chain drug stores accounted for 25.2 per cent of the total drug business. They had an increase of 7.9 per cent over 1961 against the independent 5.9 per cent. Keep in mind this is **total** drug store business. Each year chains have racked up their largest gains in front-of-the-pharmacy volume. Perhaps last year was an exception because of their emphasis on cut price prescriptions. I believe the crest of shaving prescription prices has passed in discount marts as well as chains. As long as volume rises sharply discounting and price cutting is profitable. As soon as it levels profits must be increased.

The independent pharmacist has a great opportunity right now —today—to fulfill his destiny as a place where prescriptions are filled not where you buy waffle irons, bicycles and all of the other items sold in nondrug outlets. It would appear that the prescription department is your salvation today. How you develop it is up to you.

Each of you should examine his own individual circumstances and act accordingly—if you haven't already you should study and consider implementation of the professional fee. Dr. William Apple recently asked in the American Pharmaceutical Association Journal, "Is your pharmacy a health center or a junk shop?"

He continues, "If you want to be in the junk business, give up your pharmacy license, it's too valuable to us to be tarnished." I can only say amen to that and add if pharmacists would spend as much time increasing their professional status as they do on how to get a better price their future would be more certain.

I don't believe anyone can tell us how to create our individual professional image. We do it everyday in our pharmacies and out of them. Participation in community affairs can do much toward establishing professional prestige. Because of today's fabulous advertising media, the public believes it is very sophisticated about self-medication. Actually, their knowledge is no greater than when an older generation took sulphur and molasses because it was spring and grandma said so. Give the community the benefit of your education and experience. It is entirely possible to become an authority on health care and establish your pharmacy as the health center. **Strengthen interprofessional relations** at the local level. You know all of these things better than I, but it is up to you to accomplish them.

Another of pharmacy's problems is organization. We've heard a lot lately about "one voice for pharmacy." I believe we need it. We do need unity, not the morass of conflicting interest that has existed for years. We need desperately local and state organizations affiliated with the American Pharmaceutical Association. Pharmacy needs leaders, and I feel we have them right now in three national associations. Bill Apple, Willard Simmonds and Bob Abrams are all men of vision, intelligence and integrity.

The problems of today are much more complex than yesterday. Chances are you have all heard that things are no different than they were in the days of the "pine board stores." Believe me they are. I didn't have hospital out-patient dispensing, mail order prescription houses, Sears and Roebuck and others installing prescription departments, old age medical care plans, union groups with dispensing pharmacies, Lady Garment workers, retired teachers, closed shops, open shops and on and on and on. But also I did not have the number of prescriptions that are being written today either.

Let's face it, some independent pharmacies are going out of business—**and they should.** Let me describe one such store that I knew well years ago when I first started carrying a detail bag. This particular store was located adjacent to a girls junior college. It was one of the so-called Mom and Pope or one-man store variety. Cokes and malts from the fountain were high volume items and I suppose the turnover of feminine accessories was excellent. Prescriptions were an unknown commodity. Yet in yesterday's market this store provided an adequate living and sent one boy through medical school. This kind of store and others like it just can't exist in today's market place. Neither can the independent who slugs it out by following the price cutting tactics of the big boys. It's never healthy to play games when the opposition sets the rules.

Fellow named David had pretty fair luck against a giant with a sling shot. Your sling shot is prescription medication, full pharmaceutical service, the professional fee—use it.

I believe that we can be honestly optimistic. Pharmacy has come a long way since I opened my pharmacy on October 15, 1932. I might say that was a grim winter. Economic conditions throughout the nation and the world were also pretty grim, but we survived the depression, the N.R.A., prohibition and closed banks. Over thirty years have passed since that first rugged winter and we have enjoyed a degree of prosperity never dreamed of back in the thrifty and thirsty thirties. Unfortunately, this bonanza did not help pharmacy prepare for the rugged battle it has on its hands today. Additionally, the protective economic umbrella provided by the drug manufacturers' policies has done little to sharpen pharmacies competitive skills. It's the only retail business that I know of in which a commodity purchased carries no risk of loss.

Wouldn't the car dealer, the haberdasher or the appliance merchant like a deal where everything could be returned for credit if it didn't sell? Drug manufacturers and wholesalers subscribe millions of dollars annually to pharmaceutical associations, schools and other worthy projects. This is as it should be.

But I just can't understand why you expect us to subsidize the "Ladies Auxiliary Strawberry Festival"—the annual clambake—the Kent County physicians picnic—new pharmacy openings and so forth.

Just recently a pharmaceutical association utilized the list of the N.W.D.A. associate membership to solicit $50 to become a subsidizing member of that association. How many times are pharmaceutical detail men coerced into giving stock packages and samples to drug stores for some "worthy" cause. The requests for contributions that pass over my desk each year is frankly ridiculous and frustrating.

We sometimes wonder just what will be expected next. I am speaking for only one manufacturer—Warner-Chilcott—not the total industry. We'll take back for *full* credit any item of our manufacture regardless of age or condition of package as long as it is unopened—*we even refund the postage.* We give full protection against loss from fire, flood or other catastrophe not covered by insurance. The Texas hurricane a couple of years ago was a fair example of this. We distribute only through wholesalers in order that you can compete successfully against the chains and discount houses.

We believe we have the best field sales force in the industry to assure every product of ours is presold. Gentlemen, in all fairness is there much else we can do? I wouldn't venture to guess just how many critical and yes, acrimonious letters we receive each year. I'd like to read you one of the rare ones that is so refreshing.

It's high time that retail pharmacy reared back and fought for itself. Pharmacy has grown and will continue to grow. You will share in that growth if you will utilize your God given individualistic characteristics, and your professional education and experience.

If you will shoulder all of your share of the burden and assume an honest dedication and faith in yourself and your professional responsibilities. And keep in mind your prescription department is the heart of your future in today's market and tomorrow's—treat it as you would your own and if you've suffered some coronary damage nurse it back to health for a long and normal life. Ask not for whom the bell tolls—for it tolls for you if you will listen.

Moderator Levin then introduced Mr. Joe R. Watkins, Manager Customer Relations, E. R. Squibb & Sons, who explained the policies of a manufacturer who used both direct and wholesaler distribution.

PATTERN OF PRESCRIPTION DRUG DISTRIBUTION

By

Joe R. Watkins, Manager Customer Relations
E. R. Squibb & Sons

For many years Squibb has been traditionally a direct selling house. As a result, the greater part of our business today comes directly from retail and institutional customers. At the same time, Squibb has always enjoyed good working relationships with wholesalers all around the country, and they have contributed, and do contribute, an important part of our sales.

The question could be raised, "Why does Squibb sell both through the wholesaler and direct?". The over-simplified answer would be to *better serve our customers,* but this is really two questions so let's explore the two parts one by one.

1. Why does Squibb sell through the wholesaler?
   You have heard, or will hear, from Harry Krimbriel and Gerald Slade the many advantages of purchasing through the wholesaler, so I will not dwell on that subject too long. I would like to state, however, that Squibb realizes that wholesalers play an indispensable role in the distribution of drug products. They render a service that no one manufacturer could hope to render. Without the wholesaler, retailers—*large* and *small*—would find it necessary to place scores of orders everyday for merchandise they need, and need *immediately.* As a matter of fact, the retailer would find himself spending most of the day placing orders and opening shipments from here, there and yonder, if he keeps himself in the position of adequately supplying the health needs of the community. The service of the wholesaler enables the retailer to purchase most of his *immediate* needs from one source. Having spent eleven years in the retail drug business, I know full well that it would be almos timpossible

to operate a pharmacy without the service of the wholesaler. Incidentally, we in Squibb find that almost invariably our largest *direct account* is also the largest Squibb account for the *local wholesaler*.

And now to explore part two of the question.

2. Why does Squibb sell direct?
   As you well know, every wholesaler has one or more preferred lines that he chooses to promote over and above all others. That line is rarely, if ever, Squibb. We feel that we must maintain an aggressive detailing and sales staff capable of promoting Squibb products exclusively in the manner they deserve in the *doctor's office*, in the *hospital*, and in the *drug* store.

   Direct selling creates an orderly market pattern for Squibb products, and enables us to plan effective detailing and sales programs. Direct selling brings the Squibb representative in closer contact with our retail customers. The Squibb representative knows what Squibb products, and in what quantities, the direct account is purchasing, and can assist that account in planning his promotional program to tie-in with Squibb advertising and detailing efforts. He is in a better position to keep the pharmacist informed as to his detailing activities, as well as our local and national advertising program. Having been associated with the Squibb Field Sales Staff for the past twenty-six years, I would like to mention one real advantage to direct selling which might not have entered your mind. We in Squibb realize that it is up to us to move our merchandise *out* as well as *into* the stores. With that realization, Squibb Laboratories Salesmen are specially trained in assisting the retailer in planning a display and promotional program for his store that will tie-in directly with our national and local advertising, so far as over-the-counter merchandise is concerned. By the same token, the Professional Service Representative is in a position to keep the pharmacist advised of his detailing efforts, and our professional advertising, so that he can prepare for and tie-in with that program.

   I believe everyone will agree that the Squibb Representative can perform these two duties best if he knows *how much* and *what* each account is purchasing. With almost 1,000 representatives in the field, it is difficult to determine just how effective a Squibb representative is in creating business for professional and over-the-counter products, unless we know where the merchandise is being sold.

   During the past few years the varying forms of so called low-margin wholesaling has made it increasingly difficult for us to evaluate the effectiveness of our representatives in those areas where some stores purchase most of their professional products from the wholesaler (sometimes from many states away) and from *unauthorized* sources. Now, this may not seem important to you as a retailer, and you may consider it as Squibb's problem and not yours. I would like to remind you, however, that the effectiveness of the detailing by representatives from Squibb and other companies in your area, probably do more than *any other one thing* in determining just *how* many prescriptions you fill, and for what, everyday. So, it is important to you for Squibb (and other manufacturers) to know just how effective each representative is, so that the Division and Region Managers can take whatever steps are necessary to improve his effectiveness in any areas that need improvement, and even arrange for a replacement in some instances.

There are many other hazards to be encountered when a product gets into unauthorized sources of distribution. The manufacturer has no way of knowing what storage conditions the product has been subject to—he doesn't know what final disposition will be made of the product, nor what channels it might pass through before reaching the ultimate consumer or patient. With products that could mean life or death, we feel that it is important for the manufacturer to be able to follow them all the way from the laboratory to the patient and ultimate consumer. If you have seen some of the price lists and pamphlets that are being mailed to physicians, dentists, nurses, discount houses, and sometimes even your customers, by some of the "fly-by-night" mail order houses, you know what I mean.

In closing, I would like to pose a question, "How many of you gentlemen buy both direct and through the wholesaler?". Then, you must realize that there are advantages in *both* methods of buying. I would like to say that "Squibb is in the same boat". We believe very strongly that there is a definite advantage in *selling both ways*—through the wholesaler and direct—because Squibb merchandise is not considered sold until a patient or consumer purchases the product *from you*.

Harry A. Kimbriel, Executive Vice President, National Wholesale Druggists Association, the concluding panelist, was then introduced by Moderator Levin. Mr. Kimbriel reviewed the consequences to both wholesaler and retailers of current developments in distribution practices.

SOMETHING 'OLD', SOMETHING 'NEW' SOMETHING 'BORROWED' & SOMETHING 'BLUE'

By

Harry A. Kimbriel, Executive Vice President

National Wholesale Druggists' Association

In the beginning it was my intention—*not* to make a formal presentation to this Association group—but since it is possible to be misquoted on occasion—with legal repercussion—I decided it might be best for me to limit my remarks to this text.

I might add that while I represent the NWDA on most occasions—I am expressing my personal views on this occasion.

Our legal counsel has therefore not cleared my intended remarks—I hope I will not go to jail for making these remarks and, I am confident you will not go to jail for listening to them.

I understand we shall have a question and answer period later on—so I hope you will feel that I am discussing these matters *with* you—and not talking *to* or *at* you.

I am certain that Mr. Gruz did not invite me here to deal in platitudes and I can assure you that I have no such intentions—

> I believe a quotation which is a favorite of mine might be appropriate—Here it is—
>
> "The hottest places in hell are reserved for those who in a time of crisis maintain their neutrality."

I hope I don't make it to that place—but if I do—there will not be a place reserved for me in the hot corner—because I do not intend to maintain neutrality.

I am sure that no one in this audience will agree 100% with what I have to say, but if we can do nothing else but stimulate thinking along the questions raised by the observations, I am sure that we will have accomplished what we have set out to do today.

Just lately we have been aware of the great number of weddings taking place in June—

The Bride as you of course know is urged to wear something *OLD*—Something *NEW*—Something *BORROWED* and Something *BLUE*.

I would like to use the four way approach in discussing:

PATTERNS OF PRESCRIPTION DRUG DISTRIBUTION

So here is

SOMETHING OLD
SOMETHING NEW
SOMETHING BORROWED
SOMETHING BLUE

But not necessarily in that order.

Let's think for a few minutes about something *OLD*—It's an old principle or economic philosophy which ever you like—but it's Fair Trade in the market place regardless of what it is labeled.

We have had Fair Trade laws of a varying nature since the late 30's—It took a real legislative fight to put these laws on the books—and the fight has continued up to this very day and all indications are that the issues are not yet resolved in the Congress.

I would hope that you would agree with me that the passage of the Quality Stabilization Bill is essential to the manufacturer who wishes to protect his valuable trade mark against the 'bait' merchandisers.

—and also that this legislation is necessary to the survival of thousands—of independently owned stores throughout the nation.

The outlook for the bills in both the House and Senate is good—but it could be a fatal mistake to 'take it for granted' that your representatives in Congress are going to support the bills when and if they are reported out of Committee.

So I urge you—SPEAK UP NOW. Before it is too late!

Wholesalers have been supporting your efforts in this cause in every legal and proper manner as you have doubtless noticed in this B.A.I.R. Bulletin.

I am sure your association is taking vigorous action on this subject—so let me make one additional observation at this point.

I am afraid that some pharmacists are overlooking a most important business consideration when they assume Fair Trade laws are to protect their profit—

—While at the same time they exhibit very little loyalty to their traditional sources of supply.

I will be more specific—but let me assure you I am not referring to anyone in this meeting—but it is certainly true in most communities that a few pharmacists are mail-ordering from short-line cutrate drug operators who have prices on some products that are so low, as to question their origin and therapeutic value.

I think it's a shabby deal for a pharmacist to plead for profit under one banner and then turn to these questionable sources for merchandise.

Down in Oklahoma where I came from—there is an old saying "You can't shoot part of your horse".

Think about that for a moment.

Anybody knows you can't shoot part of a horse—

Yet—that's what some pharmacists are trying to do.

You—us—and these manufacturers are all riding the same horse—we want to keep him healthy—we are interested in the whole horse—even that part that is sometimes used to describe a certain man from Tennessee!

Please keep in mind your wholesaler must live!

Now let's talk about something "BLUE"—

As a matter of fact these are two subjects but nevertheless related.

In the American Druggists June 10, 1963—Dan Rennick presented as the opening article his research into the subject of prescription volume in hospitals.

The headline read—

HOSPITAL RXs FOR OUTPATIENTS
RISE 105% IN 6 YEARS;
53,000,000 FILLED IN 1962.

In case you missed this—let me quote—

> "Last year, the nation's hospital pharmacies dispensed twice as many prescriptions for people not confined to hospital beds as they had 6 years earlier. Jumping 104.6% the number of such prescriptions rose from 26,000,000 in 1956 to 53,200,000 in 1962.

> "What makes this news is the fact that in the same 6-year period, 1956 through 1962, the nation's retail pharmacies recorded an increase of only 33.9% in the number of prescriptions they dispensed."

Doesn't this pose a real threat to independent retail pharmacy?

I say it is a serious threat—and just because only 52.7% of U.S. Hospitals have bonafide pharmacies—is no reason to assume you are not touched by this situation and therefore have no equity in the problem.

Most of these hospital pharmacies are operating under a non-profit charter and therefore not paying taxes to the extent you are—and by not working under the same set of economic and competitive forces which dictate your policies—represent an unfair and government-subsidized competitor.

The hospital pharmacy as we view it to-day represents in my opinion a *greater threat to your prescription business* than the discount operators and union-sponsored prescription programs.

Now for the second part of this two headed monster—

The hospital pharmacy not only has a tax, plus other operating advantages over you—but also have a buying advantage given them by *some* pharmaceutical manufacturers in the form of "HOSPITAL PRICES" I say WHY?

When has your dollar become less valuable than the hospitals' dollar?

I believe there are people who should be called upon to answer that question.

Let me relate what happened the other day in a county pharmaceutical association meeting out west. This is a true story but I am sure not the only instance of its kind.

A pharmacist store owner rose to his feet and announced that his friend with a certain 'unnamed' pharmaceutical firm was furnishing him with merchandise at hospital prices—and if anyone present wanted the same deal he could hand him a list of their needs after the meeting—and they could get the same deal.

Now isn't that a ducky little arrangement!

Illegal from the hospital's standpoint because it violates the Robinson-Patman Act—and quite likely illegal from the pharmacists' standpoint—because he is probably not registered under the new drug law which provides inspections for repackaging operations.

SOMETHING NEW

Let me introduce these observations by quoting a pharmacist—Mr. Herbert Nelson of Overlook Pharmacy, Mobile, Alabama, a Vice-President of the Alabama Pharmaceutical Association—at a meeting May 9, 1963.

> "The theme for this year's Alabama Pharmaceutical Convention is '1963—A Year of Challenge.' We feel this is a most

timely theme, not only for the members of APA but for our very good friends, the full-line, full-service wholesalers.

Over the years we've had to face many problems together. First came the supermarkets, and then the five and dimes looking for the longer profits. Then came the door to door medicine men with their vitamin cure-alls. Following them we were confronted with the vending machine boys and the many rack jobbers. Then for the frosting we had "Estes the Investigator." And now we have net pricing.

Let's examine several of the major faults of this particular pricing policy as seen from the detailer's vantage point. But let us work on the premise that an independent retailer to be competitive must buy from a direct net pricing manufacturer. For the first thing, net pricing strikes at the very salvation for the independent retailer in today's competitive market place—and that's capital turnover. For many years the economists have been telling us that turnover was the magic key to success.

Somehow or another, we in retail pharmacy found this very hard to accept. Now we are finally beginning to realize this is true after all. All we have to do is figure it department by department in any drug store or retail pharmacy in the nation and you can find out it is true. Why can we tolerate a make up of only 8% on cigarettes, 14% on tobacco department merchandise, 22% on soft drinks, and 18% on ice cream? Turnover, this is the answer, this is why we tolerate it, and deliver it too.

The most outstanding department in most stores, whether the retailers know it or not, is their news stand. And why? For your guaranteed twelve turns per year and through your local wholesaler. This thing of turnover is one concept of good marketing that cannot be ignored nor violated, yet net pricing does just this.

Secondly, net pricing places all the normal functions of the wholesaler on the retailer. A job no retailer is equipped to do properly or efficiently or at all. There just aren't enough hours in the day, enough room in the storage areas, and very unfortunately, enough dollars in the bank account to do it.

A third drastic disadvantage from the retailer side is the lack of communication inherent in the net pricing scheduled. By this I primarily mean the lack of available Red Book and Blue Book prices that mean anything. How can I price a seldom used or an out of stock condition prescription on net pricing figures when I am going to have to buy it from a wholesaler because I have to supply it then and I can't do that from a net pricing manufacturer.

The fourth and probably one of the most serious disadvantages to the retailer is the *guaranteed increase* in inventory placed by the restrictive limits that many of the net pricing manufacturers have. Not only do they establish certain minimum shipments, but they go further now. On large case items you have to order so many cases, which again sends inventory up. This forces the retailer to buy in larger lots and do more and more wholesaling which he is not equipped to do. And then the pathetic truth is that there is no guarantee that they won't raise these minimums ever upward. Can't you just envision a whole prescription Dept. of Revlons? It would be a very interesting sight.

Yes, this is a year of challenge."

Mr. Nelson went on to tell how he was meeting the challenge of net pricing in his store but I will not go into this now.

The problem that confronts Mr. Nelson on net pricing also plagues the wholesaler too, but for different reasons.

Let's make a quick analysis of how net pricing policies affect wholesalers.

1. *When a manufacturer sells a wholesaler at the net price charged direct buying retailers—the following chain of events occur.*

(A) The wholesaler—in order to avoid a loss in servicing his customer—must add to the net price sufficient mark-up to pay the cost of distribution.

(B) This—therefore places the wholesaler customer at a competitive disadvantage because he is paying more for comparable products than the direct buying pharmacist.

(C) If the wholesaler-customer prices his prescriptions—by either a fee or mark-up basis—his customer is paying more than the customer trading at the direct buying store.

(D) We take the position that to compel the pharmacist who obtains his prescription products from wholesalers under net pricing terms which imposes additional costs of possession—is not in the public interest—because he (the pharmacist) must take a reduced profit to be competitive or charge his customer more for the prescription.

(E) The alternative available to the pharmacist is to abandon the purchase of his pharmaceutical needs from service wholesalers which experience and business judgement dictates, and buy direct with the result—his inventory is increased and turnover decreased—while he is doing the warehousing and bookkeeping job for the direct seller.

We say there are many other advantages to net pricing policies—and like Mr. Nelson, we fail to see a single clear cut advantage.

Well—I'll take that back—the clear cut advantage is to the manufacturer—who has used a cute trick to raise the price of his goods.

There is a word that we hear quite frequently—of late—that describes this situation very well—

It's discrimination—and I challenge any manufacturer to prove otherwise.

Now — for Something 'BORROWED'

Here we have borrowed two issues from the outside—one from the Federal Trade Commission and the other from pharmacy, at the Association level.

As most of you know, NWDA has appointed as its special Washington counsel—Mr. Earl W. Kintner, former Chairman of F.T.C.

Mr. Kintner also serves N.A.R.D. in legal matters as most of you know.

When NWDA's Board of Control appointed Mr. Kintner it was not with the thought of instituting legal action against anyone.

We wanted Mr. Kintner's guidance in the very complex areas of The Robinson-Patman Act, Trade practice rules, and Antitrust matters.

In other words, we are anxious to avoid any illegal involvements of whatever nature.

On all counts—Mr. Kintner has already served us well.

One of the most recent matters which he has brought to our attention has the possibility of real benefit to independent retail pharmacy.

In the case entitled *FRED MEYER, INC.* the F.T.C. rendered an important decision in requiring that manufacturers make advertising allowances available to their wholesaler customers which are "proportionally equal" to the allowances given to their direct buying retail chain store customers.

What does this mean to you?

Simply this: If a manufacturer has been giving promotion allowances to direct buying customers who compete with you—they (the manufacturer) must make available to wholesalers for passing on to their customers a "proportionally equal" allowance.

NWDA did not initiate the action in question—Fred Meyer being a grocery operation—however we have invited manufacturers to advise us of any allowances they intend to make available to you.

Two things could happen here—

Manufacturers may elect to discontinue *all* allowances—but you may be sure this decision by FTC will receive a court test.

The other course would be for manufacturers to make allowances available to independent retailers as they have the chain druggists and others who compete with you.

We pledge you, that wholesalers will as always—pursue this matter, in your good interests as they have other programs involving their retail customers.

Now for the other 'BORROWED' issue—and this one from pharmacy.

Unless our eyes and ears deceive us—we see a lack of harmony in our professional objectives at a time when pharmacy should present a broad and unified front.

I would not presume to criticize the profession's leaders—not offer uninvited suggestions for a solution, but I would hope these matters could be resolved by the men who have already proved their leadership qualities on many past occasions.

If I could offer anything by way of advice or suggestion—it would be that all pharmacists belong to—and aggressively support their societies and associations in the various programs which they are undertaking.

I say aggressively—because there are usually some members in all organizations who send their check for the dues and then sit on their hands and scream about how lousy everything is being done—

An association is no different from your church, your civic club, or country club.

You must participate if you are to benefit—and get your money's worth. So—do be a member and then do something to help.

You—by your presence here to-day prove your interest—so it's the old story—we are like the preacher talking to the wrong people.

Let me briefly summarize—I ask you to make a decision—or take a position—it is not necessary to *stand up* and be counted.

You can do this sitting down.

Something 'OLD'

Be for QSB—*ACTIVELY*

Support your full-line. full-service wholesalers with the bulk of your needs—not just the garbage you can't buy cheaper elsewhere—

Something 'NEW'

Net Pricing—is not good for your economic health and wholesalers don't like it either. You can do something about it!

Something 'BORROWED'

The F.T.C. says independent retailers are entitled to 'proportionally equal' allowances—which have been made to chain stores.

ASK FOR IT!

The profession needs unity—peace and concord.

Let's put a little more light and a lot less heat on this subject.

Something 'BLUE'

If you don't like the competition you are getting from hospitals— you might do something about it!

If you feel that manufacturers who give hospitals a special break and are discriminating against you—tell the manufacturer you don't like it.

To you, Mr. Gruz—I return almost intact the title—

PATTERNS OF PRESCRIPTION DRUG DISTRIBUTION

I hardly used it—but I am most appreciative of your invitation to come here.

After a discussion period, Moderator Levin thanked the panelists for providing a stimulating and illuminating program on a timely subject. He turned the chair back to Chairman Cooley.

Chairman Cooley announced that the L.A.M.P.A. guest speaker was Dr. Cylvia A. Sorkin, and that all present were invited to attend. The evening feature was a Luau with Hawaiian music, entertainment and dancing.

The Third Session was adjourned at 1:30 P.M. following the drawing of prizes.

FOURTH SESSION

Thursday, June 27

The Fourth and Final Session of the Convention was called to order at 10:00 A.M. in the Ballroom by President Morgenroth.

The Early Bird attendance prize was won by Charles E. Spigelmire.

President Morgenroth announced the Memorial Services for those pharmacists who had passed away since the last Convention.

MEMORIAL SERVICES

Charles E. Spigelmire began the services with the reading of the 23rd Psalm. Francis S. Balassone followed with the Necrology:

SIDNEY J. BROWN
WILLIAM W. CHANDLER
AMELIA C. DE DOMINICIS
HENRY A. B. DUNNING
MICHAEL A. FISHER
JAMES H. FORSYTH, JR.
SIDNEY FRIBUSH
RICE B. HARMON
MORRIS HARRIS
WILLIAM S. HARRISON
S. WILSON HEAPS
J. HARTLEY JOHNSON
SAMUEL J. KING
HARRY A. KINNAMON
MARK J. KUHN
VICTOR G. MERCER
LESTER R. MARTIN
GRETCHEN M. MASER
LINDLEY R. MURRAY
CLARENCE G. NEUBAUER
WILLIAM A. PARR

EDWARD J. PASSARO
SAMUEL RICHMOND
ISRAEL A. ROSENFELD
HARRY S. SCHAPIRO
JOHN N. SCHUSTER
JUDSON H. SENCINDIVER
WILLIAM A. STARTT, JR.
PEYTON O. STIME
ROBERT L. SWAIN
GEORGE H. WALTZ
WILLIAM J. WANNEMAKER
H. GEORGE WENDEL

Milton A. Friedman then offered the following memorial prayer:

Almighty Father, Author of life and death, we are met here at this moment to direct our hearts to Thee and to express our love for those who have been laid to eternal rest. Memories crowd upon us as we recall those who have gone before, who even in death are a benediction unto us. The lesson of our measured years is forcibly brought home to us, and the determination is strengthened within us to hasten the fulfillment of our resolution to live nobly in the spirit of our beloved dead, and to fulfill the obligations which we have accepted from their hands. At this moment, we seek renewal of strength for the struggles of life and increased courage to meet our tasks.

We realize our frailty even as we know that from Thee cometh strength. These silent sentinels call us back to Thee and to the recognition of our duty. They rouse us to do good while our brief day lasts, to bring relief to the distressed, sunshine where darkness now prevails, hope to those in despair and support for every worthy undertaking for human welfare.

With sorrowing hearts, we call to mind at this solemn hour our beloved ones whom death has removed from our midst. We thank Thee for the years which Thou didst grant unto them, years in which they brought help, joy and comfort to many a heart. Thou in Thy love gavest them unto us and Thou in Thy wisdom hast taken them from us.

We think of the time when they still moved among us, shared in our labors and bestowed their love and friendship upon us. Though slumbering in their eternal rest, they live in our hearts as lasting sources of inspiration leading us to good deeds and noble thoughts. In gratitude for all the blessings they brought to us, and to humanity, we dedicate ourselves anew to the sacred tasks they bequeathed unto us. Extend Thy healing balm unto the bereaved and grant eternal rest and peace to the souls which we remember now with tenderness and compassion. Amen.

President Morgenroth called upon Charles E. Spigelmire, Chairman of the Public Relations Committee, who reported on Health Information Displays which the Association is making avialable to members. These displays contain pamphlets on health and medical matters for distribution in pharmacies. This is a project to identify pharmacies as the source for authentic health information in all communities. "An educated customer is your best customer."

REPORT OF THE NOMINATING COMMITTEE

Norman J. Levin, Chairman

The Nominating Committee held two meetings during the past year. Letters were sent to the Allegany-Garrett County Pharmaceutical Association, Baltimore Metropolitan Phamaceutical Association and Prince Georges-Montgomery County Pharmaceutical Association inviting these groups to submit names for consideration. The Eastern Shore Pharmaceutical Society upon its reorganization also submitted names. After thorough and careful consideration, the following slate is submitted for your approval:

Officers

Honorary President—John F. Wannenwetsch, Baltimore
President—William A. Cooley, Cumberland
First Vice President—Solomon Weiner, Baltimore
Second Vice President—Alexander J. Ogrinz, Baltimore
Third Vice President—Morris R. Yaffee, Rockville
Fourth Vice President—Milton A. Friedman, Baltimore
Secretary Emeritus—Melville Strasburger
Treasurer—Morris Lindenbaum, Reisterstown
Treasurer Emeritus—John F. Wannenwetsch, Baltimore

Executive Committee

Victor H. Morgenroth, Jr., Chairman

1st District—Eastern Shore: Caroline, Cecil, Dorchester, Kent, Queen Annes, Somerset, Talbot, Wicomico and Worcester.
Howard L. Gordy, Salisbury
I. Earl Kerpelman, Salisbury

2nd District—Anne Arundel, Baltimore, Harford and Howard.
Donald O. Fedder, Dundalk
Wilfred H. Gluckstern, Towson
Norman J. Levin, Pikesville
Jerome Mask, Dundalk

3rd District—Calvert, Charles, Montgomery, Prince Georges and St. Marys
William L. Brunnett, Riverdale
Harold M. Goldfeder, Riverdale
Morton J. Schnaper, Bethesda
Herman Taetle, Silver Spring

4th District—Carroll, Frederick, and Washington
Henry J. Glaeser, Jr., Manchester
Robert V. Mercer, Frederick

5th District—Allegany and Garrett
Robert J. Martin, LaVale
Samuel Wertheimer, Cumberland

6th District—Baltimore City
Irving I. Cohen
Sam A. Goldstein
Stephen J. Provenza
Simon Solomon
H. Nelson Warfield

Ex-Officio Members

Walter E. Albrecht
Francis S. Balassone
Noel E. Foss
Aaron M. Libowitz
Gordon A. Mouat

For appointment to the Maryland State Board of Pharmacy, the Committee recommended the following list to be submitted to the Governor for appointment of one to be made by the Governor, effective June 1, 1964: Listed in order of choice by the Executive Committee,

FRANCIS S. BALASSONE
JOHN F. WANNENWETSCH
FRANK J. MACEK

Upon motion of Sam A. Goldstein, seconded by Noel E. Foss, the list was approved.

President Morgenroth called for nominations from the floor. Aaron M. Libowitz nominated John F. Neutze for the Executive Committee for District #6, Baltimore City. Seconded by Stephen J. Provenza.

There being no further nominations, President Morgenroth instructed Secretary Gruz to cast a unanimous ballot for the slate of officers and Executive Committee as presented by the Nominating Committee, except for District #6. The Secretary so cast a ballot.

The President appointed the following tellers to count the ballots for election to the Executive Committee from District #6: Howard L. Gordy, Harold M. Goldfeder and Ada H. Anderson. Norman Levin pointed out that all the names on the slate had been selected from a list recommended by the Baltimore Metropolitan Pharmaceutical Association. Ballots were counted and the slate as presented received the highest votes. The President then declared the following elected: Irving I. Cohen, Sam A. Goldstein, Stephen J. Provenza, Simon Solomon, H. Nelson Warfield.

REPORT OF RESOLUTIONS COMMITTEE

Dr. Noel E. Foss, Chairman

The Resolutions Committee met and offers the following resolutions.

The resolutions will be read and those without objection will be voted upon at the conclusion. The remainder will be considered individually.

The following resolutions were adopted upon motion of Dr. Noel E. Foss, seconded by Francis S. Balassone.

RESOLVED, that the Maryland Pharmaceutical Association, recognizing the confidentiality of prescription order information from a legal and ethical standpoint, develop procedures for making prescription order information available consistent with a proper pharmacist-patient-prescriber relationship only when the disclosure of such information is for the purpose of serving the patient's interest.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it hereby records its grief and sense of loss in the death of Dr. Robert L. Swain, past president of the Maryland Pharmaceutical Association, past secretary of the board of pharmacy, past deputy drug commissioner of the State of Maryland, who, over a long period of years was deeply devoted to the aims and purposes of this association, and who freely gave his services, wise advice and good counsel to the association as well as to our individual members, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Mrs. Robert L. Swain.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it hereby endorses the aims and purposes of the "Quality Stabilization Bill", now pending before Congress (S. 774 and H.R. 3669), and that it urges the Maryland Delegation in Congress to give full and effective support to the bill to the end that it may become law, and,

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to each member of the Maryland Delegation in Congress as evidence of the deep interest of the members of the Maryland Pharmaceutical Association in the basic purposes of the bill, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the National Association of Retail Druggists.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it urges that the section on general practice of pharmacy of the American Pharmaceutical Association consider the modification of its programs to reflect the contributions and problems of the average community pharmacist so that its programs will be of more interest and use of the average community pharmacist in the United States, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the American Pharmaceutical Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commend the Federal Trade Commission for its activities against false and misleading advertising, including drugs and related products, and

BE IT FURTHER RESOLVED, that a copy of resolution be forwarded to the chairman of the Federal Trade Commission.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commend the Baltimore Metropolitan Pharmaceutical Association on its public relations program with the hope that it can be used as an example to be followed by other parts of the state, in order that pharmacists may be identified in the public mind with public health programs and improvement throughout the state.

RESOLVED, by the Maryland Pharmaceutical Association in annual convention assembled, that it express its regret that the House of Delegates of the American Medical Association did not see fit to postpone action on the opinions of the Judicial Council of the American Medical Association with regard to ownership of pharmacies by physicians until the recently formed Joint Commission on Medicine and Pharmacy had been given an opportunity to study inter-professional relations between medicine and pharmacy to a sufficient extent to determine whether or not the ownership of pharmacies by physicians is in the public interest, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the American Medical Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that the representatives of pharmacy in the recently established Joint Commission on Medicine and Pharmacy be requested to bring to the early attention of this joint commission such facts and figures as are obtainable to establish the extent of ownership of pharmacies by physicians, and

BE IT FURTHER RESOLVED, that the Board of Pharmacy of the State of Maryland be requested to ascertain the extent to which pharmacies in the State of Maryland are owned by physicians.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it strongly urge the repeal of Federal Retail Excise Taxes on toilet preparations and leather goods, since it is an oppressive, excessive and discriminatory Tax, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the members of the Maryland Delegation in Congress.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it extend its sincere appreciation and thanks to radio stations WBAL, WCAO, WITH, WWIN, and WAYE, and TV stations WBAL, WMAR, and WJZ in Baltimore, and other radio or television stations in the state for their genuine cooperation and assistance in giving favorable publicity to the pharmacists in Maryland, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the managers of the respective stations as a symbol of appreciation by the Maryland Pharmaceutical Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its appreciation to The Baltimore Sun, The Baltimore Evening Sun, The Baltimore News-Post, The Easton Star-Democrat, and any other newspaper in the state for the publicity given the association during the convention and also for acquainting the public during the year with pharmacy's many contributions and services to the public, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the editors of these newspapers.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commend those manufacturers whose policies make drugs available to community pharmacists on the same terms and conditions to which they are made available to all hospitals and other institutions for medical care, which similarly engage in dispensing prescription medication to the public, and

BE IT FURTHER RESOLVED, that all manufacturers be urged to review their distribution policies to non-profit, tax-exempt institutions to assure that drug purchases and usage are consistent with the terms and conditions of the sale.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that the association congratulate Mr. Morris L. Cooper upon his having again been awarded first prize by the American Pharmaceutical Association for the best window display among community pharmacists, during National Pharmacy Week, 1963, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Mr. Cooper.

RESOLVED, by the Maryland Pharmaceutical Association in annual convention assembled, that it strongly urges the passage of the Health Professions Educational Assistance Act of 1963 (H.R. 12 and S. 470 or 911) which provides for colleges of pharmacy together with other health profession schools, to be eligible for federal funds to be used in the construction of teaching facilities, to the end that the public health may be more effectively served by these professional schools and encourage more qualified students to enter the public health professions, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Honorable Representative Oren Harris for his successful efforts in having included the colleges of pharmacy in H.R. 12 and to the Maryland Delegation in Congress urging their aid and assistance in having the bill enacted into law.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commend Mr. Simon Solomon on his excellent report on "The Quality Stabilization Bill" and "The Status Of Price Resale Maintenance", and

BE IT FURTHER RESOLVED, that a copy of this resolution be appropriately distributed by the executive secretary of the association, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Mr. Simon Solomon.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it offer its commendations and congratulations to Dr. John F. Wannenwetsch for his guidance and direction of the Treasury of the Maryland Pharmaceutical Association for the past twenty-five years, and

BE IT FURTHER RESOLVED, that this assembled group rise and give a standing ovation in honor of our good friend and associate, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Dr. Wannenwetsch.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its commendation and appreciation to the legislative committee, and especially to Mr.

Chester Kosakowski, a member of the House of Delegates, and to Executive Secretary Nathan I. Gruz for their hard work and assistance in obtaining the passage of legislation during the 1963 meeting of the Maryland legislature, which laws protect the public health of the citizens of Maryland, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Honorable Chester G. Kosakowski.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it does not believe that it is in the best interest of the patient, the physician or the pharmacist, for the label of a prescription to include the name of the ingredient or ingredients, except for very unusual medical reasons, and

BE IT THEREFORE RESOLVED, that a copy of this resolution be forwarded to the Medical and Chirurgical Faculty of Maryland.

WHEREAS, a number of pharmaceutical manufacturers are employing a "direct selling" policy under which better prices and terms are offered to those pharmacists who can purchase directly from the manufacturer than to those who choose to, or are forced to, purchase the same lines through their drug wholesaler, and,

WHEREAS, those policies work undue hardship on the majority of independent retail pharmacists as well as on their principal sources of supply, the drug wholesalers, and,

WHEREAS, service to the consumer or patient may be unduly delayed or completely disrupted, thereby, to the detriment of the general health and well being of the public.

NOW THEREFORE BE IT RESOLVED, that the Maryland Pharmaceutical Association respectfully requests a re-appraisal of all such policies and a re-evalution of the impact such policies may have upon the public interest and that a copy of this resolution be sent to all manufacturers who employ the distribution policies described above.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it opposes the policy of some pharmaceutical manufacturers in not accepting returned goods, and in particular legend drugs, which can not be sold by the retail pharmacist because of obsolescence, etc., and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Pharmaceutical Manufacturers' Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that the Maryland Pharmaceutical Association commends the Pharmacy Liaison Committee of the

Medical and Chirurgical Faculty, and particularly its Chairman, Dr. John F. Schaefer, for their untiring efforts in establishing and maintaining a continuing liaison with the community pharmacists for the solution of interprofessional problems, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Medical Chirurgical Faculty and to Dr. John F. Schaefer.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it condemns the practice of health insurance companies requesting the names of the ingredients of prescriptions to be paid for by their respective health insurance policies, since the professional responsibility is not to reveal the names of any ingredient of a prescription to any person other than the physician, without his expressed approval, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Association of Health Insurance Companies, to the Insurance Commissioner of the State of Maryland and to the Medical and Chirurgical Faculty of Maryland, to acquaint them with this unethical practice.

RESOLVED, by the Maryland Pharmaceutical Association in annual convention assembled, that it express its sincere thanks and deep appreciation to the several members of the convention program, all of whom are nationally known experts in their fields, who presented such excellent addresses and messages, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the respective members of the program: Messrs. Dr. Roy A. Bowers, Edward F. Keating, Harry A. Kimbriel, Harry J. Knox, Dan Rennick, Gerald M. Slade, Henry R. Steinhaus, Dudley J. Taw, and Joe R. Watkins.

WHEREAS, the T.A.M.P.A. and L.A.M.P.A. have been tireless in their efforts to make this an outstanding convention, and

WHEREAS, the president and secretary both of T.A.M.P.A. and L.A.M.P.A., with the assistance of their respective officers and members, did everything possible for the comfort and convenience of our members and guests,

THEREFORE BE IT RESOLVED, that the Maryland Pharmaceutical Association express its profound gratitude to these organizations and their respective officers for their splendid cooperation which contributed so much to the success of the convention.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its sincere appreciation and thanks to William A. Cooley, chairman, and other members of the convention committee, for the outstanding job they have done in planning and contributing to the success of the convention, and in gladly catering to the comfort of the persons attending this convention, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Mr. Cooley, the chairman of the convention committee.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its deepest appreciation and thanks to the various contributors who have generously helped to assure the success of this convention, and

BE IT FURTHER RESOLVED, that an appropriate acknowledgment be forwarded to each of these companies and/or individuals.

President Morgenroth thanked Chairman Foss and his committee for a very thankless job well concluded.

Dr. Foss thanked the members of the Resolutions Committee for their work on the resolutions.

President Morgenroth stated that one of our tireless workers, Gordon A. Mouat, a chairman of several committees, was absent from our Convention due to health reasons. A letter of regret at his absence from the Convention was passed around the room and signed by all members present to be forwarded to him.

OLD BUSINESS

1. Report on Medical Care.

President Morgenroth read a letter which he proposed to be sent to Dr. Alice B. Tobler, Chief, Division of Home Medical Care, State of Maryland, Department of Health. The letter reveiwed the present medical care prescription fees and rejected the proposal to increase the fee from $2.00 to $3.00 for prescriptions whose ingredients cost more than $3.99. It stated that unless a more equitable price schedule could be obtained, it would be necessary to take the problem up directly with the Governor.

President Morgenroth then called upon Mr. Cooley to report on Medical Care in the absence of Walter Albrecht, the pharmacy representative on the State Council on Medical Care. He reviewed the efforts during the past year to secure approval for higher fees to pharmacists filling Medical Care prescriptions. In order to obtain adequate information, Secretary Gruz had sent out a questionnaire to members in order to arrive at the cost of filling a prescription figure. The number of pharmacists reporting has been very poor. It was hoped that sufficient figures can be obtained to substantiate the need for increased fees.

Mr. Goldfeder moved that President Morgenroth's letter be sent and that a deadline of August 1st be set. Seconded and passed.

Dean Foss reported that Dr. Tobler and Mr. Walter Albrecht have requested the School of Pharmacy to make a survey. The school has agreed to make a survey of what the prevailing practice is among pharmacists in Maryland for the pricing, not the cost, of non-Medical Care prescriptions.

2. Report of Legal Counsel.

REPORT OF LEGAL COUNSEL

Joseph S. Kaufman

It is a pleasure for me to be able to appear before this assembled group of distinguished pharmacists, who represent the leadership in the Maryland pharmaceutical field. I bring my own greetings as well as those of Senator Melnicove, who unfortunately is unable to be with us today.

It is customary in all forms of business at the end of any period of time to balance our books and see what the ledger sheet reveals. Just as in any other business, your legal counsel has the duty to report upon the credit and debit sides of the ledger.

On the credit side the most significant happening within the past year has been the adoption of far-reaching and highly desirable legislation which grants new powers to the Board of Pharmacy, and which will tend to professionalize the practice of this time-honored profession. The two bills known as "House Bill 371" and "House Bill 372" were endorsed by this Association, and prohibit certain activities you gentlemen deemed to be grossly unprofessional conduct. The first prohibits the use and dispensing of prescription blanks bearing either the pharmacy's or pharmacist's name, address, or other means of identification. The second provision will prevent in the future the association by pharmacists as either a co-partner or other equity ownership with a physician in the practice of pharmacy. Also prohibited is the advertising of prices for prescriptions, dangerous, or non-proprietary drugs. Also prohibited is the claim of professional superiority in the compounding or filling of prescriptions, which may undermine the public confidence in the ability, character, or integrity of any other pharmacist.

In addition to regulating pharmacists, pharmacies are now further regulated in that they may not engage in restricted, limited, or closed-door services, and the pharmacy must offer complete pharmaceutical services, and prescriptions which may reasonably be expected to be compounded by a pharmacist. And further, the pharmacy shall not offer services which tend to interfere with or impair the free and complete exercise of professional judgment.

I wish to compliment the sponsor of this legislation, the Honorable Chester Kosakowski, for his determination in shepherding these desirable bills on their journey through the General Assembly.

Without Chester's devotion and diligence, I doubt whether we would have had the success which was achieved. I would also like to compliment the members of the Association for rallying to the support of this legislation by making necessary contacts with local members of the General Assembly.

Lastly, I would like to commend the Secretary of the Association for his efforts in coordinating the activities of the various members to obtain a maximum result.

In the Courts there have been also credits on the ledger. I am pleased to report that the Court of Appeals of Maryland reversed a decision of the Circuit Court of Allegany County regarding certain attempts at indirect price cutting on pharmaceutical items by virtue of contributions based on sales tapes to various civic and religious organizations. I am further pleased to report that the Maryland Court of Appeals has maintained its favorable attitude toward the enforcement of fair trade in the State of Maryland.

On the debit side of the ledger, I am distressed at the decision of the United States Court of Appeals for the Ninth Circuit in the Hedgpeth case. The Appellate Court there affirmed the decision of the District Court whereby the Northern California Pharmaceutical Association and the Chairman of its Suggested Prescription Pricing Schedule Committee were convicted of violation of the Sherman Anti-Trust Act. The Supreme Court of the United States refused further review of this case, and this marks finis to this most unfortunate litigation. It must serve as a warning to this Association that its activities may not extend into the field of price scheduling or other means of price fixing.

I am also extremely distressed by the recent wave of violations by retail pharmacists of the Federal Food, Cosmetic, and Drug Act in the area of filling and/or refilling of legend-bearing drugs without prescription or refill authorizations. Pharmacists have had adequate time to be completely familiar with the Durham-Humphrey Amendment, and there seems to me to be no excuse for the widespread indifference to this law. It reflects discredit upon the entire pharmaceutical industry, and is a matter to which the members of this Association should give prompt attention. I have suggested, therefore, to the Secretary that a review seminar might be desirable to discuss the various phases of the Federal Food, Cosmetic, and Drug Act.

Also on the debit side appears the rough sledding that the quality stabilization bill is now meeting in the Congress of the United States. It is my hope that this climate will change and that some type of legislation in this field will be enacted by the Congress.

President Morgenroth thanked Mr. Kaufman for an excellent report. A rising vote of thanks was given to Mr. Kaufman.

3. **Constitutional Amendments.**

The President called upon Frank Block, Chairman of the Constitution and By-Laws Committee, for his report. Mr. Block reported that the following amendments were read at the Spring Regional Meeting and could now be considered for approval. He suggested that Section 7 of Article III be omitted from consideration at this time.

ARTICLE III

TYPES OF MEMBERSHIP:

Section 1. This Association shall consist of active, associate, affiliate, honorary, life and *student* members.

Section 2. ACTIVE MEMBERS: Any *licensed* pharmacist in the State of Maryland, of good moral character and professional standing, who shall have attained the age of twenty-one years, shall be eligible to active membership in this Association, upon subscribing to the constitution and by-laws of this Association and payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association. Applications shall be made on the form prescribed by the Executive Committee and shall be approved by the vote of a majority of the Executive Committee. None of the above qualifications shall change the status of any Active Member at this time.

Section 3. AFFILIATE MEMBERS: Any person, not a *licensed* pharmacist, who has a proprietary or managerial interest in a pharmacy, of any owner, members of a corporation or executive of an allied business or calling in the State of Maryland, of good moral character and standing, who shall have attained the age of twenty-one, shall be eligible to affiliate membership in this Association, upon subscribing to the constitution and by-laws of this Association, and the payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association, except the right to vote or hold office in the Association.

Section 4. ASSOCIATE MEMBERS: Any *licensed* assistant pharmacist; pharmacy interne; educator; of any person of an allied profession or calling in the State of Maryland, of good moral character and professional standing, who shall have attained the age of twenty-one, shall be eligible to associate membership in this Association, upon subscribing to the constitution and by-laws of this Association and the payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association, except the right to vote or hold office in the Association

ADD: *Section 7. STUDENT MEMBERS: Under-graduate students who are members of the first, second or third year professional classes, respectively, of the School of Pharmacy of the University of Maryland, upon subscribing to the constitution and by-laws of this Association and the payment of dues for the cur-*

rent year, shall be entitled to all the rights, privileges and benefits of the Association except the right to vote or hold office in the Association.

BY-LAWS

ARTICLE IX

FINANCIAL ADMINISTRATION: (Paragraphs to be numbered as Sections.)

Section 3: (Now Paragraph 3). Change to:

> *"The Executive Committee shall be empowered to establish dues for membership in the Association."*

Section 4: (Now Paragraph 4). *"The Executive Committee is authorized to allocate a portion of the annual dues for 'Kelly Memorial Building Maintenance, Only'."*

DELETE Present Paragraph 5. (NOTE: Present paragraphs 3 and 5 specify the dues for active, affiliate and associate members.)

After discussion, Mr. Block moved for the adoption of the Amendments as read with the exception of Section 7 Article III. It was seconded by Mr. Gordy and passed.

President Morgenroth thanked Mr. Block and his committee for a job well done.

NEW BUSINESS

1. Mr. Libowitz submitted the following Amendment to the first paragraph of Article IV of the Constitution: "In addition, the Nominating Committee may submit nominations to the Executive Committee for two executive committeemen-at-large." The proposed Amendment was referred to the Constitution and By-Laws Committee for consideration and report to the Executive Committee.

2. Mr. Goldfeder made a motion that the Association go on record informing the American Pharmaceutical Association that we condemn their stand on the Quality Stabilization Bill in reference to prescription drugs. Motion seconded and passed.

3. Mr. Goldfeder inquired about the financial status of the Maryland Pharmacist. Secretary Gruz replied that there were sufficient funds for the usual transfer of $2000.00 from the Maryland Pharmacist fund to the general fund.

4. Mr. Irving I. Cohen made a motion that the Model Pharmacy in the University of Maryland, School of Pharmacy, be named the "Robert L. Swain Model Pharmacy" and that the museum in the Kelly Memorial Building be known as the "B. Olive Cole Pharmacy Museum." Motion was seconded and passed.

David Newman suggested that a greeters or hospitality committee be appointed to serve during conventions.

On motion of Harold M. Goldfeder, a rising vote of thanks was given to President Victor H. Morgenroth, Jr. for a job well done.

Mr. Morgenroth responded by thanking the officers and committee chairmen for the assistance given him during the year. He thanked the wholesalers, manufacturers, T.A.M.P.A. and L.A.M.P.A. for helping make the Convention a success.

A rising vote of thanks was given to the Bloom brothers of Paramount Photo Service for their splendid cooperation in taking photographs during the entire Convention.

Upon conclusion of announcements, the Fourth and Final Session of the 81st Convention was adjourned at 1:30 P.M. by President Morgenroth.

BANQUET

Thursday, June 27

The traditional Annual Banquet concluded the final evening of the Convention. It was preceded by the Social Hour provided through the courtesy of the following drug wholesalers: Calvert Drug Company, The Henry B. Gilpin Company, Loewy Drug Company and Muth Brothers & Company.

President Morgenroth introduced the Reverend Father John McMenamin, O.S.A. of St. Nicholas Roman Catholic Church, Atlantic City, New Jersey. Following the invocation, the banquet dinner was served.

After greeting those in attendance, Convention Chairman Cooley called upon President Morgenroth to serve as toastmaster of the Banquet. Mr. Morgenroth expressed his appreciation to Convention Chairman Cooley, the Convention Committee, T.A.M.P.A., L.A.M.P.A., the suppliers and all others who assured the success of the Convention.

Toastmaster Morgenroth introduced those at the head table and also the past presidents of the Association. He then proceeded with the testimonial ceremonies to Dr. John F. Wannenwetsch.

Secretary Gruz read the following message from Mr. Simon Solomon: "Please accept my most humble apology for being unable to be present tonight to congratulate one of my colleagues and personal friend, Jack Wannenwetsch, not only for the services he has rendered as treasurer of the Maryland Pharmaceutical Association during the past 25 years, but more so for his many activities and wise counsel that have been responsible for the M.P.A. being in the forefront of pharmaceutical associations in the country. It is my hope and prayer that his health continues to improve so we might benefit from his common sense, judgment and sound advice for many more years."

Secretary Gruz read a biography and then made the following statement: "To all of you Jack Wannenwetsch has been a friend—to me he has been a friend and more—a strong right arm to lean on. After all, when you have been treasurer for 25 years you have a lot of facts and knowledge stored away. I have been the lucky beneficiary. Jack, you have never hesitated to be of help. You will be sorely missed in your official capacity. But you better be prepared for calls from me for a long time. You will be welcome at the office always and I hope you will stop in often. For your help and for your friendship, thank you very much."

Dr. Noel E. Foss, Dean of the University of Maryland School of Pharmacy, praised Dr. Wannenwetsch for his devotion to his profession. He particularly emphasized the outstanding role he had performed in furthering the best interests of the School of Pharmacy as well as the Alumni Association.

"It has been most gratifying to hear the tributes paid to you by your associates who have preceded me on this program. Since they have included many of the things that I had planned to say, I shall limit my remarks to your accomplishments in the educational field.

"After completing his elementary school education, Dr. Jack enrolled at Baltimore Polytechnic Institute where he excelled—among other things—in mathematics, particularly calculus, under Lt. King, a most stern disciplinarian. Upon graduation from Poly as an "engineer," he joined a construction group that was planning to build another railroad from Washington to Pittsburgh. A summer with this "wild-cat outfit" revealed to Jack the instability of railroad construction in this part of the country, and in the fall he enrolled in the Maryland College of Pharmacy, earning his Doctor of Pharmacy degree in 1913. He immediately entered the community practice of pharmacy and has operated a most successful community pharmacy partnership in the western part of Baltimore for many years.

"Jack early displayed his ability to play baseball and while enrolled in the Maryland College of Pharmacy continued his interest in this sport. On one occasion the late Dr. H. A. B. Dunning, Associate Professor of Chemistry and his preceptor, dismissed a class at the College and invited the students as a group to be his guests to watch Jack pitch an important game for a semi-pro baseball team. His interest in baseball in more recent years has been limited to a spectator.

"Dr. Jack has been keenly interested in education and has encouraged many young men and women to enter the profession of pharmacy. A list of 'alumni' of his community pharmacy reads like a 'Who's Who Among Pharmacists in Maryland.'

"Dr. Jack has always been generous to the Maryland College of Pharmacy which is now the University of Maryland, School of Pharmacy, and has consistently supported both the School of Pharmacy and the Alumni Association of the School of Pharmacy.

"It is a pleasure for me to participate in this testimonial to Dr. Jack and all of the officers of the University of Maryland, as well as the staff at the School of Pharmacy, join me in wishing him a most happy future. Although he may be officially retiring from some of his formal duties at the Maryland Pharmaceutical Association and other organizations, we in the School of Pharmacy will continue to rely upon him for his good judgment and sound advice. In addition, I personally am most appreciative of the many favors he has extended to me on numerous occasions."

Dr. Lloyd N. Richardson, past president of the Association, then delivered the following remarks: "I am quite happy to have the privilege of participating in this Testimonial Banquet in honor of our faithful and dedicated friend, John F. Wannenwetsch, who has served as our treasurer of the M.P.A. for a period of 25 years. My congratulations and best wishes to you, Jack, for a job well done. I know, however, that your interest in the M.P.A. will continue as usual. It has been my good fortune and pleasure to have been a good friend of Jack since we both matriculated at the University of Maryland School of Pharmacy. Frankly this does not seem too long ago, but when I think of Dr. Caspari, Dean, and other members of the faculty, Dr. Culbreth, Dr. Kelly and Dr. Base, I guess, it has been some time and I will not mention the date. Jack has always been popular with his fellow man, a good student, hard worker and in those days was quite a baseball enthusiast. I believe I am correct in stating that he was approached by the Baltimore Orioles and entertained an offer to join their pitching staff. As usual his good judgment and clear thinking directed him to his chosen profession. It is not necessary for me to tell you Jack has been quite successful in the practice of Pharmacy over a period of years. His modern up-to-date drug store certainly indicates not only this, but his activities in the advancement of everything pertaining to the improvement of pharmaceutical standards has been outstanding. Jack has been prominent in the M.P.A. since 1925, or 38 years, a wonderful record. In addition to this he has been active in the work of the A.Ph.A. and the N,A.R.D. He has also been a Director of the Calvert Drug Company, serving as the Secretary of this successful operation over a long period of time. Jack has always enjoyed the confidence and respect of his host of friends. His good judgment is always sought when decisions of importance are made and policies regarding the welfare of our association are in the making. A truly honorable gentleman, dedicated to the profession of Pharmacy, his business and his family. Whenever and wherever an important meeting is being held, concerning the welfare of our profession, you can always depend upon Jack being there. His wise counsel is always welcomed. It is my sincere hope that Jack's presence, friendship and good fellowship will continue to be with us for many years to come. My warmest regards and best wishes to you Jack, always. Again, my sincere congratulations."

Mr. John A. Crozier, Executive Vice-President Calvert Drug Co., was called on and paid the following tribute:

"Tonight we are paying tribute to a man who has served with distinction for twenty-five years as Treasurer of the Maryland Pharmaceutical Association; a record unequalled in the entire history of the Association.

Like Si Solomon and others, I have been closely associated with Jack Wannenwetsch for almost three decades and we feel sure all of you will agree that is ample time to make a true observation and honest evaluation of the man who has gained the utmost respect and admiration of the entire drug industry in Maryland.

To have known this man over so many years, makes me feel proud and fortunate to have him as a very close friend and associate.

I recall the remarks of the late Charlie Austin, that 'Jack Wannenwetsch is in a class by himself and after he was born they threw away the pattern.' No truer words were ever spoken about any man.

Now, if any of you here tonight were to ask me what one outstanding achievement he has accomplished over the years, I am afraid I would be unable to answer, but I could readily tell you he possesses those rare qualities that are so very essential and often lacking in so many individuals . . . the ability to exercise sound judgment and good common horse sense.

I also say to you, in all honesty, that if Pharmacy has been carried on a high level and has been built on a solid foundation in Maryland, legislatively, professionally or otherwise, then it can be said, without any reservation whatsoever, that his sound judgment, advice and counsel have been a contributing factor in making it so.

Most of us, who know him intimately, have the highest regard for his common sense approach on pharmaceutical matters, which is supported by honesty, sincerity and integrity. Such qualities, with his professional background and many years of business experience, stand out above everything else and what is most important, I am told, is that from the very first day he graduated to the present time, he has always practiced what he preaches. He has given unstintingly of his very valuable time and energy to further the interests of Pharmacy. He enjoys the confidence of his fellow pharmacists, with whom he has always played fair.

Despite his many activities in Association work and other outside interests, he has always conducted one of the most outstanding, as well as highly successful pharmacies. He enjoys a very lucrative business and what is most important a large prescription volume, of which any pharmacist could well be proud.

In addition to operating a very successful pharmacy, he has been, for the past twenty-one years (and still is), Secretary of the Calvert Drug Company; and as Executive Vice President and General Manager of Calvert, it has been my most treasured privilege to be so closely associated with a man whom I consider my right arm. I have always valued his advice and counsel very highly.

He is a very quiet individual, except when the ladies are around, and unassuming, but beneath that stillness lies a wealth of wisdom and experience, which any man would be happy to possess.

He has done his job well and is a great inspiration to those who have been associated with him over the years.

Jack, we want you to know of the high esteem in which we hold you for the services you have rendered your fellow pharmacists and for your many contributions to the drug industry.

We hope and pray that the Almighty gives you health and strength for many more years to come."

Milton A. Friedman, President of the Alumni Association of the University of Maryland School of Pharmacy, brought a message of appreciation for the many contributions to the welfare and progress of the Alumni Association.

Mr. Francis S. Balassone was then called on to present a plaque to Dr. Wannenwetsch. He read several telegrams and delivered the following tribute:

"This June has marked 50 years since your graduation from the School of Pharmacy.

Through the years, many a sensitive situation was smoothed by your sound common sense and good judgment. Kindness abounds aplenty in Dr. Jack.

Every single physical improvement in Pharmacy in our State has been the beneficiary of your kind charity.

Though a bachelor, we recognize the devotion to your parents, sisters, niece and nephew and now grandchildren. The reciprocal loyalty is shown here tonight by the presence of your sister Miss Hortense Wannenwetsch, your niece Mrs. Kitty Horney, Mrs. Tim Cragg, wife of your nephew and Mrs. Teresa Androfsky, adopted daughter.

In recognition of your cooperation, I take pleasure in announcing this evening your election as Honorary President of the Maryland Board of Pharmacy.

Specifically, at this time in recognition of your 25 years service as Treasurer and as a Honorary President, in behalf of the Maryland Pharmaceutical Association, I take particular pride and great personal pleasure in presenting this plaque to you."

Toastmaster Morgenroth then called on Milton A. Friedman, Chairman of the Pharmacy Week Committee, to make the following 1962 Maryland Pharmacy Week Window Display Contest Awards of inscribed plaques:

FIRST PRIZE—Morris L. Cooper, Cooper Drug Store, Park & North Aves., Baltimore.

SECOND PRIZE—Donald A. Schumer, Penn-Dol Pharmacy, 1200 Pennsylvania Ave., Baltimore.

THIRD PRIZE—Michael Marcus, Marcus Pharmacy, 2021 W. Pratt St., Baltimore.

President Morgenroth discharged the 1962-63 officers and Executive Committee with his acknowledgment of their contribution to the effectiveness of the Association.

President-elect William A. Cooley was installed as President of the Association by Mr. Morgenroth. The other officers and Executive Committee for 1963-64 were installed. President Cooley then delivered the following acceptance speech:

"The year 1963-64 will be a year of hard work for your officers and Executive Committee. We have much to accomplish.

> First: I would like to have the Medical Care pricing program brought to a successful conclusion. This will take cooperation on the part of all pharmacists of the state.
>
> Second: We should give thought to affiliation on the state level; and after this has been accomplished, we should go further and affiliate with the A.Ph.A., our national organization. Local-State-A.Ph.A. affiliation is the last best hope for organized pharmacy in America. It is the organization of the profession of Pharmacy. It is the organizational structure of Pharmacists, no matter what their specialty or what their particular interest.
>
> Third: Quality Stabilization Legislation has a good chance for enactment this year and we should direct the necessary effort for its success.
>
> Fourth: I think the time has come for all pharmacists to take a good look at themselves and their business establishments. In the last 20 years pharmacists and pharmacies have been drifting along with the trends of the time. We are now at the stage where we dispense everything from prescriptions to clothing and hardware. If we are to regain the respect and confidence of our allied professions and the general public, we should direct our efforts more to Pharmacy and a professional atmosphere in our stores.

In conclusion, my fellow Phamacists, there is much we can be proud of in Pharmacy today and much we must do for the profession of tomorrow. You have elected me to lead our State Association for the next year. I am fully aware of the great tasks ahead, but I am resolute in my determination to be an effective president. You have given me your vote—I need only one thing more—your support and counsel in the days ahead."

President Cooley presented a Past President's Key to Mr. Morgenroth as his first official act.

President John C. Cornmesser introduced the newly elected Officers and Board members of the T.A.M.P.A., who would be installed at a later meeting.

President Ruth Levin of L.A.M.P.A. introduced and installed the newly elected Officers and Executive Board of the Ladies Auxiliary.

Mr. Morgenroth thanked The Henry B. Gilpin Company for supplying morning newspapers and Calvert Drug Company for furnishing morning bulletins of each day's activities. Thanks also went to the wholesalers sponsoring the Social Hour prior to the Banquet and Bordens and Hendlers for furnishing ice cream. Appreciation was also expressed to Coca Cola, Lance and Austin for supplying refreshments throughout the sessions. John C. Cornmesser, T.A.M.P.A. Entertainment Chairman, and Ruth Levin, L.A.M.P.A. President, were thanked for jobs well done. Acknowledgment was also made to John A. Crozier, Louis M. Rockman and H. Sheeler Read for their work at the registration desk.

The many generous contributions to the Convention were acknowledged and prizes were drawn.

The 81st Annual Convention thus came to a most enjoyable conclusion and was adjourned.

T.A.M.P.A.

The important role of T.A.M.P.A. in the success of our Convention has become a Maryland Pharmaceutical Association tradition.

The officers and committees of the Travelers Auxiliary exerted every effort in assisting the Association in its program of entertainment.

In addition, T.A.M.P.A. members manned the registration desk, undertook many other responsibilities, and provided congenial fellowship.

To the officers and members of T.A.M.P.A., the parent Organization conveys its appreciation and gratitude for the labors and cooperation which insured the success of this outstanding Convention.

OFFICERS ELECTED 1963-64

At the Forty-Seventh Meeting of the T.A.M.P.A.

Colony Motel, Atlantic City, New Jersey

June 24, 25, 26, 27, 1963

Honorary President—James A. Allen*
President—John G. Cornmesser
First Vice President—Alfred E. Callahan
Second Vice President—Herman Bloom
Third Vice President—Frederick H. Plate
Secretary-Treasurer—John A. Crozier
Assistant Sec.-Treas.—William L. Grove

Directors

Chairman, H. Sheeler Read

For One Year	For Two Years	For Three Years
William A. Pokorny	Bernard A. Appel	Howard L. Dickson
Alan L. Settler	Swen Justis	Frank J. Slama
Robert Tobias	Kenneth L. Whitehead	Robert A. Williams

*Post-Humously

Maryland Pharmacist Committee

Wilson Spilker, Chairman	Frank J. Slama, Board Advisor
Lou Rockman	Sam Sieger

L.A.M.P.A.

The appreciation of the Maryland Pharmaceutical Association is also extended to the Ladies Auxiliary for the role they played in insuring the social success of the Convention.

L.A.M.P.A. celebrated its 10th Anniversary since its founding by presenting an outstanding national personality at its Annual Brunch meeting. Dr. Cylvia A. Sorkin, business consultant and economist, spoke on "Are You Normal?" to an enthusiastic audience which included the men attending the Convention.

The Association looks forward to L.A.M.P.A.'s actively participating in the Convention and other functions of the Association in the coming years.

L.A.M.P.A. OFFICERS FOR 1963-64

Officers

Honorary President—Mrs. Frank Block
President—Mrs. Norman J. Levin
First Vice President—Mrs. Milton A. Friedman
Second Vice President—Mrs. Frank J. Slama
Third Vice President—Mrs. Stephen J. Provenza
Recording Secretary—Mrs. Charles J. Neun
Corresponding Secretary—Mrs. Richard R. Crane
6007 Eurith Ave., Baltimore 6, Md.
Treasurer—Mrs. Albert Rosenfeld
Membership Treasurer—Mrs. Samuel P. Jeppi

Directors

Mrs. Samuel I. Raichlen, Chairman

Mrs. Jack Serpick
Mrs. Noel Foss
Mrs. Manuel Wagner
Mrs. C. Edward Pfeifer
Mrs. George M. Schmidt, Elkton
Mrs. James A. Parker, Silver Spring
Mrs. Edward T. Maisenhalder, Bel Air
Mrs. William A. Cooley, Cumberland
Mrs. Charles S. Austin Honorary Board Member
Mrs. Frank Block, Historian

Past Presidents

1953-54 Mrs. Charles S. Austin
1954-55 Mrs. Charles S. Austin
1955-56 Mrs. Solomon Weiner
1956-57 Mrs. H. Nelson Warfield
1957-58 Mrs. Frank Block
1958-59 Mrs. Morris L. Cooper
1959-60 Mrs. Anthony G. Padussis
1960-61 Mrs. Samuel I. Raichlen
1961-62 Mrs. Felix H. Kaminski
1962-63 Mrs. Norman J. Levin

In Memorium

SIDNEY J. BROWN
WILLIAM W. CHANDLER
AMELIA C. DE DOMINICIS
HENRY A. B. DUNNING
MICHAEL A. FISHER
JAMES H. FORSYTH, JR.
SIDNEY FRIBUSH
RICE B. HARMON
MORRIS HARRIS
WILLIAM S. HARRISON
S. WILSON HEAPS
J. HARTLEY JOHNSON
SAMUEL J. KING
HARRY A. KINNAMON
MARK J. KUHN
VICTOR G. MERCER
LESTER R. MARTIN
GRETCHEN M. MASER
LINDLEY R. MURRAY
CLARENCE G. NEUBAUER
WILLIAM A. PARR
EDWARD J. PASSARO
SAMUEL RICHMOND
ISRAEL A. ROSENFELD
HARRY S. SCHAPIRO
JOHN N. SCHUSTER
JUDSON H. SENCINDIVER
WILLIAM A. STARTT, JR.
PEYTON O. STIME
ROBERT L. SWAIN
GEORGE H. WALTZ
WILLIAM J. WANNEMAKER
H. GEORGE WENDEL

COMMITTEES

MARYLAND PHARMACEUTICAL ASSOCIATION

1963 - 1964

Social Committee: Solomon Weiner, Chairman; Alexander J. Ogrinz, Jr., Co-Chairman; John G. Cornmesser; Mrs. Norman J. Levin; Mrs. Milton A. Friedman; Mrs. Morris R. Yaffe, Samuel Wertheimer, Cumberland; Dominic Vicino, Mt. Rainier; John A. Crozier; William L. Skinner, Jr.; Joseph L. Muth; Martin Rochlin; David I. Estrin, Washington; Herman J. Bloom; Alfred E. Callahan; George Kommalan; Joseph J. Jordan, Denton; Sam A. Goldstein; John F. Neutze; Jerome J. Cermack; H. Nelson Warfield; S. M. Dripps.

Building Committee: Sam A. Goldstein, Chairman; Irving I. Cohen, Co-Chairman; Donald O. Fedder; Gordon A. Mouat; John F. Wannenwetsch; Charles E. Spigelmire; Frank Block; Frank J. Slama.

Trade Relations Committee: Aaron M. Libowitz, Chairman; Herman Taetle, Silver Spring, Co-Chairman; Nicholas C. Lykos, Timonium; Donald O. Fedder; Jerome A. Stiffman; Stanley J. Yaffe, Odenton; Jay E. Levine, Hagerstown; David I. Estrin, Washington; Philip Levin; William L. Skinner, Jr.; Alan L. Settler; Joseph L. Muth; John A. Crozier; C. Murray Allen, Cumberland; William J. Appel, Easton; Joseph H. Morton; David Pearlman; Carroll P. Marinelli; Maurice Wiener; Ferdinand F. Wirth, Jr.; Jonas J. Yousem; Gerald Y. Dechter; I. Earl Kerpelman, Salisbury; John F. Wannenwetsch.

School of Pharmacy Committee: Irving I. Cohen, Chairman; Morton J. Schnaper, Bethesda, Co-Chairman; Joseph U. Dorsch; Aaron M. Libowitz; Samuel I. Raichlen; Gordon A. Mouat; James P. Cragg, Jr.; Milton A. Friedman; Henry G. Seidman; Halcolm S. Bailey, Ocean City; Clinton W. Englander, Oakland; Morris R. Walman; Carleton W. Hanks, Jr., Cumberland; Victor H. Morgenroth, Jr.

Professional Relations Committee: Stephen J. Provenza, Chairman; Robert F. Tomsko, LaVale, Co-Chairman; William L. Brunnett, Riverdale, Co-Chairman; Morris Bookoff; Milton A. Friedman; H. Nelson Warfield; Roy E. Snell, Washington, D. C.; David Newman, Havre de Grace; Frederic T. Berman; Phillip P. Weiner; Irving Freed, Samuel J. Sheller; Jay E. Levine, Hagerstown; Aaron M. Libowitz; Morris L. Cooper; Charles E. Spigelmire; George J. Stiffman; Edward Spearbeck, Virginia; Reese E. Whitesell, Frederick; Marvin Freedenberg, Hyattsville; W. Harold Packett, Chevy Chase.

Legislative Committee: Jerome Mask, Chairman; Herman Taetle, Silver Spring, Co-Chairman; Aaron M. Libowitz; Jacob L. Richman; Milton J. Brownstein; I. Earl Kerpelman, Salisbury; John F. Wannenwetsch; Simon Solomon; Max A. Krieger; John F. Neutze; Gregory W. A. Leyko; Jack Oken; Ben Macks; James A. I. Parker, Kensington; Morris Lindenbaum, Reisterstown; Donald O. Fedder; Francis L. Judy, Cumberland; Charles A. Nitsch; Robert V. Mercer, Frederick; Dennis B. Smith; William L. Brunnett, Riverdale; Frank Block; Earl R. Ross.

Pharmacy Week Committee: Morris L. Cooper, Chairman; Milton A. Friedman, Co-Chairman; David Newman, Havre de Grace; Samuel Morris, Silver Spring; C. Murray Allen, Cumberland; Thomas M. Payne, Easton; Stephen J. Provenza; Charles J. Neun; H. Nelson Warfield; William C. Chatkin, Hagerstown; Irvin Kamenetz; Philip N. Vodenos, Timonium; Richard E. Greenberg; Milton Waxman, Elkton; Philip D. Lindeman, Salisbury; Philip Richman, Annapolis; William L. Brunnett, Riverdale; N. W. Chandler, Landover Hills; B. Olive Cole; L. H. Kraus, Jr., Salisbury; Albert L. Fauss, Jr., Hancock; Nathan Schwartz, Edgewater; Morton J. Schnaper, Bethesda; Ada C. H. Anderson, Salisbury; Fern E. Kenney, Cumberland; Donald A. Schumer; Michael Marcus.

Membership Committee: Morris R. Yaffe, Rockville, Chairman; Milton A. Friedman, Co-Chairman; Irving I. Cohen; Myer Stoler; Jerome Mask; George J. Stiffman; Joseph U. Dorsch; Morris Shenker, Glen Burnie; Solomon Weiner; Nelson Diener; Godfrey D. Kroopnick; Albert V. Ohlendorf; Charles E. Spigelmire; Wilbur E. Crofton, Silver Spring; Hyman Davidov; William J. Appel, Easton; Paul Reznek, Beltsville; Robert E. Brandt, Frederick; Murray A. Rubin; Robert F. Tomsko, LaVale; Philip D. Lindeman, Salisbury; Basil P. Jones, Marion Station.

Finance Committee: Gordon A. Mouat, Chairman; John F. Neutze, Co-Chairman; Charles E. Spigelmire; Joseph U. Dorsch; Solomon Weiner; John F. Wannenwetsch; Morris Lindenbaum, Reisterstown; Norman J. Levin.

Public Relations Committee: Charles E. Spigelmire, Chairman; Milton A. Friedman, Co-Chairman; Samuel Morris, Silver Spring; Paul Reznek, Beltsville; N. W. Chandler, Landover Hills; Irving Freed; Arthur N. Spano, Cumberland; Edwin Whittemore; Jerome L. Fine, Randallstown; David Newman, Havre de Grace; Jacob L. Kronthal; William W. Resser, Cumberland; Henry J. Glick, Cumberland; Thomas M. Payne, Easton; Leonard J. Sadowski; Thomas J. Hayman, Salisbury.

Fair Trade Committee: Simon Solomon, Chairman; Alexander J. Ogrinz, Jr., Co-Chairman; Herman Taetle, Silver Spring; John G. Magiros, Ellicott City; Joseph H. Morton; Morton B. Scherr; Irvin Kamenetz; A. Lester Batie, Laurel; David Newman, Havre de Grace; Abraham B. Schapiro; David I. Estrin, Washington, D. C.; Ruth M. Klingel; Lloyd W. Lohmeyer, Crisfield; Jerome Mask; Harry G. Eisentrout, Jr., LaVale; Robert J. Martin, LaVale; Elwin H. Alpern, Odenton; Philip D. Lindeman, Salisbury.

Publications Committee: B. Olive Cole, Chairman; Paul Reznek, Beltsville; Samuel Morris, Silver Spring; Dennis B. Smith; Aaron Kadish; Herman B. Drukman; Frank J. Slama; Milton A. Sarubin, Ellicott City; Herman Kling; William W. Resser, Cumberland; Thomas J. Hayman, Salisbury.

Pharmacy Committee: Wilfred H. Gluckstern, Chairman; James P. Cragg, Jr., Co-Chairman; James E. McMichael, Cumberland; H. Nelson Warfield; Gabriel E. Katz, College Park; Alexander J. Ogrinz, Jr.; Myer Stoler; Lloyd W. Lohmeyer, Crisfield; Thomas W. Campbell, Denton; John Deans, Princess Anne; Elmer R. Kellough, Jr., Cumberland; Harold P. Levin; Christopher A. Rodowskas; Richard L. Pfrogner, Cumberland; Marvin Freedenberg, Hyattsville; Phyllis W. Brill; Thomas Keller.

Nominating Committee: Victor M. Morgenroth, Jr., Chairman; Norman J. Levin; Harold M. Goldfeder, Riverdale; Gordon A. Mouat; Frank Block; George M. Schmidt, Elkton; Frank J. Macek.

Resolutions Committee: Noel E. Foss, Chairman; Simon Solomon, Co-Chairman; Aaron M. Libowitz; Francis S. Balassone; Walter E. Albrecht, Linthicum Heights; Samuel Wertheimer, Cumberland; Frank Block; Frank L. Black; John F. Wannenwetsch; Morris R. Yaffe, Rockville; Basil P. Jones, Marion Station.

Civil Defense Committee: Jerome Block, Chairman; John Deans, Princess Anne, Co-Chairman; Robert S. Sinker, Silver Spring;

Alphonse Poklis, Chestertown; Jerome Mask; Clinton W. Englander, Oakland; Milton L. Hillman, Lexington Park; I. Earl Kerpelman, Salisbury; William Y. Kitchin, Annapolis; George M. Schmidt, Elkton; Reese E. Whitesell, Frederick; Morris R. Yaffe, Rockville; Henry J. Custis, Jr., Pocomoke City; Howard B. Jones, Oakland; W. D. Timmons, LaVale; Melvin Chaiet, Adelphi; William J. Maczis; Elmer R. Kellough, Jr., Cumberland; Nicholas A. Toronto, Prince Frederick; Milton Waxman, Elkton; Vincent C. Bambrick, Cambridge; Lloyd N. Richardson, Bel Air; Milton Sarubin, Ellicott City;

James W. Truitt, Jr., Federalsburg; Joseph Papiermeister, Damascus; Henry W. Lawlor, LaPlata; John G. Magiros, Ellicott City; William J. Connor, Centreville; James B. Ortt, Easton; Irvin L. Kamanitz, Salisbury; Robert V. Cherricks, Snow Hill; Bernard Billian; Harold Katcoff; Francis S. Balassone; Noel E. Foss; W. Arthur Purdum; S. M. Dripps; John A. Crozier; William L. Skinner, Jr.; Martin Rochlin; Edward S. Muth, Jr.; Arthur C. Harbaugh, Hagerstown.

Grievance Committee: John F. Wannenwetsch, Chairman; District No. 1: I. Earl Kerpelman, Salisbury; George M. Schmidt, Elkton; District No. 2: Charles A. Nitsch; Morris Shenker, Glen Burnie; District No. 3: Robert S. Sinker, Silver Spring; James A. I. Parker, Kensington; District No. 4: Henry J. Glaeser, Jr., Manchester; Robert V. Mercer, Frederick; District No. 5: C. Murray Allen, Cumberland; Clinton W. Englander, Oakland; District No. 6: Frank Block; Victor H. Morgenroth, Jr.

Constitution & By-Laws Committee: Frank Block, Chairman; Charles A. Nitsch, Co-Chairman; Sam A. Goldstein; N. W. Chandler, Landover Hills; Frank J. Macek; Gordon A. Mouat; Herman B. Drukman; Norman J. Levin; Morris R. Yaffe, Rockville; David Newman, Havre de Grace; Aaron M. Libowitz; Henry G. Seidman; Noel E. Foss; Francis S. Balassone; Richard L. Pfrogner, Cumberland.

Auditing Committee: John F. Wannenwetsch, Chairman; Charles E. Spigelmire, Co-Chairman; Joseph U. Dorsch; Herman B. Drukman; Morris Lindenbaum, Reisterstown.

Swain Seminar Committee: Irving I. Cohen, Chairman; Noel E. Foss, Co-Chairman; Francis S. Balassone; Frederic T. Berman; James P. Cragg, Jr.; John A. Crozier; Joseph U. Dorsch; Milton A. Friedman; Harold M. Goldfeder, Riverdale; Philip R. Karn, Sr., Lutherville; Philip D. Lindeman, Salisbury; Gordon A. Mouat; Alexander J. Ogrinz, Jr.; Stephen J. Provenza; Wilfred H. Gluckstern; Simon Solomon; Lloyd N. Richardson, Bel Air; H. Nelson Warfield; Paul Freiman; Henry G. Seidman.

Political Information Committee: C. Robert Welsh, Chairman; Harry R. Wille, Co-Chairman; Gregory W. A. Leyko; A. Lester Batie, Laurel; Edward C. Maisenhalder, Bel Air; William Y. Kitchin, Annapolis; William C. Chatkin, Hagerstown; Lyndon B. Myers, Mt. Airy; Clinton W. Englander, Oakland; Samuel Wertheimer, Cumberland; Howard L. Gordy, Salisbury; Walter E. Albrecht, Linthicum Heights; Lloyd N. Richardson, Bel Air; Bernard Cherry; George M. Schmidt, Elkton; Halcolm S. Bailey, Ocean City; Cecil E. Guild, Westminster; William J. Connor, Centreville; Elmer W. Sterling, Church Hill; Hyman Davidov; Herman B. Drukman; Stanley J. Yaffe, Odenton; Leonard J. Sadowski; George W. Wagner, Westernport.

Insurance & Pension Committee: Norman J. Levin, Chairman; Morris Lindenbaum, Reisterstown; Alexander J. Ogrinz, Jr.; Noel E. Foss; Leroy E. Kexel; Robert J. Martin, LaVale; L. H. Kraus, Jr., Salisbury; Maurice Wiener.

COMMITTEE FUNCTIONS

Social Committee:

To recommend a convention site to the Executive Committee. To promote the convention generally: Contributions, entertainment, attendance, publicity.

Building Committee:

To inspect the Kelly Memorial Building and grounds. To recommend repairs, maintenance and improvements.

Trade Relations Committee:

To improve trade relations between manufacturers, wholesalers and retailers particularly in out-front merchandise.

School of Pharmacy Committee:

To assist the School of Pharmacy, University of Maryland in promoting the School and forming a close relationship between the Faculty, Student Body and members of the Association.

Professional Relations Committee:

A liaison between Pharmacy, Dentistry and Medicine. To encourage closer and better relations between these professions. To foster meetings to discuss problems of common interest. To promote better intra-professional relations.

Legislative Committee:

To study all legislation affecting Pharmacy—local, state and federal. To take an active part in preventing harmful legislation and seeking beneficial legislation. To attend legislative sessions and hearings and participate in them if necessary.

Membership Committee:

, To devise ways and means of improving the membership in the Association both numerically and qualitatively. Active participation to bring this about by mailing bills and calling on both delinquent and prospective members.

Finance Committee:

To study the financial needs of the Association for efficient operation. To prepare a budget and to recommend addition or deletion of expense items.

Auditing Committee:

To examine the books of the Association after the annual audit has been made.

Public Relations Committee:

To promote pharmacy through various media—radio, television, newspapers, so that the public will have a better understanding and appreciation of pharmacists and Pharmacy.

Fair Trade Committee:

To support legislation on both a State and National level pertaining to Fair Trade.

Publications Committee:

To examine the Maryland Pharmacist, official publication of the Maryland Pharmaceutical Association. To make editorial contributions, obtain advertisers and improve the publication generally.

Pharmacy Week Committee:

To assist the American Pharmaceutical Association in promoting National Pharmacy Week. To encourage participation in retail, hospital, school and public exhibits. To provide suitable awards.

Pharmacy Committee:

To promote professional Pharmacy and the good practice of Pharmacy.

Civil Defense:

To cooperate with Civil Defense agencies to assure proper pharmaceutical services are provided and maintained in civil, military and disaster emergencies.

Grievance Committee:

To reconcile public, interprofessional, and/or intraprofessional complaints brought against the practitioners of Pharmacy.

Resolutions Committee:

To gather and prepare resolutions for presentation at the annual Convention.

Nominating Committee:

To present a slate of officers, executive committee and nominees for the Maryland State Board of Pharmacy to the annual convention for election as stated in the Constitution of the Association.

Executive Committee:

The governing body of the Association as stated in the Constitution.

Robert L. Swain Pharmacy Seminar Cmmittee:

To plan and conduct the educational and information program of the annual Pharmacy Seminar, which serves as a perpetual memorial in recognition of Dr. Robert L. Swain.

Constitution & By-Laws Committee:

To study and review the Constitution and By-Laws and any proposed revisions or additions and to report recommendations as to amendments to the Executive Committee.

ARTICLES OF INCORPORATION

Know all men by these presents, That we, M. L. Byers, David M. R. Culbreth, Joseph B. Garrott, E. M. Foreman, John W. Geiger, Samuel Mansfield, J. Charles Smith, Columbus V. Emich, Albion J. Corning, John T. Thomsen, D. C. Auginbaugh, Edwin Eareckson, William Simon and J. Walter Hodges, being citizens of the United States, and a majority of whom are citizens of the State of Maryland, do hereby certify that we do, under and by virtue of the General Laws of this State, authorizing the formation of corporations, hereby form a corporation under the name of "The Maryland State Pharmaceutical Association of Baltimore City."

We do further certify, that the said corporation, so formed is a corporation for the purpose of bringing together the reputable Pharmacists, Chemists and Druggists of the State, that they may by thorough organization and united effort advance the science of Pharmacy, promote scientific research, and in the interest of the public strive to have enacted just, stringent laws, to prevent the adulteration of food and medicines, and to confine the compounding and sales of medicines to regularly educated Pharmacists; that the term of existence of said corporation is limited to forty years; and that the said corporation is formed upon the articles, conditions and provisions herein expressed, and subject in all particulars to the limitations relating to corporations, which are contained in the General Laws of this State.

We do further certify, that the operations of said corporation are to be carried on in the State of Maryland, and that the principal office of the said corporation will be located in Baltimore City.

We do further certify that the said corporation has no capital stock.

We do further certify that the said corporation will be managed by the officers, and that the said M. L. Byers, David M. R. Culbreth, Joseph B. Garrott, E. M. Foreman, John W. Geiger, Samuel Mansfield, J. Charles Smith and Columbus V. Emich are the names of the Officers who will manage the concerns of the said corporation for the first year.

In Witness Whereof, We have hereunto set our hands and seals this twenty-sixth day of November, in the year eighteen hundred and eighty-nine.

M. L. Byers	(Seal)	Columbus V. Emich	(Seal)
David M. R. Culbreth, M. D.	(Seal)	John T. Thomsen	(Seal)
Joseph B. Garrott	(Seal)	D. C. Aughinbauch	(Seal)
E. M. Foreman	(Seal)	Edwin Eareckson	(Seal)
John W. Geiger	(Seal)	William Simon	(Seal)
Samuel Mansfield	(Seal)	J. Walter Hodges	(Seal)
J. Charles Smith	(Seal)	A. J. Corning	(Seal)

A CODE OF ETHICS

For the guidance of members of this Association and all pharmacies of the State who may wish to follow the higher practice of their profession.

RESPECTING THE PHARMACIST HIMSELF

First—He should, by study, experimentation, investigation and practice, thoroughly qualify himself to fully meet and competently transact the daily requirements of his vocation.

Second—He should possess a good moral character and should not be addicted to the improper use of narcotic drugs nor the excessive use of alcoholic stimulants.

Third—He should constantly endeavor to enlarge his store of knowledge; he should, as far as possible, read current pharmaceutical literature; he should encourage all such pharmaceutical organizations as seen to be helpful to the profession, and so deport himself as not to detract from the dignity and honor of the calling this Association, especially is trying to elevate.

Fourth—He should accept the standards and requirements of the United States Pharmacopoeia and the National Formulary for the articles of Materia Medica and the preparations recognized by these publications, and, as far as possible, should promote the use of these and discourage the use of proprietaries and nostrums.

RESPECTING THE PHARMACIST'S RELATION WITH THOSE FROM WHOM HE MAKES PURCHASES

First—He should deal fairly with these, all goods received in error or excess, and all undercharges, should be as promptly reported as are shortages and overcharges. Containers not charged for and not included in the charge of contents should be carefully returned, or, if used should be credited to the party to whom they belong.

Second—He should earnestly strive to follow all trade regulations and rules, promptly meet obligations, closely follow all contracts and agreements, and shoud not encourage or sanction any division of quantity purchases not contemplated in the terms of sale.

RESPECTING THE PHARMACIST'S RELATION WITH HIS FELLOW-PHARMACIST

First—In this relationship he should, especially, "do as he would be done by." He should not make any comment or use any form of advertisement that will reflect upon a member of the profession, generally or specifically. Nor should he do that which will in any way discredit the standing of other pharmacists in the minds of either physicians or laymen.

Second—He should not obtain, surreptitiously, or use the private formulas of another, nor should he imitate or use another's preparations, labels or special forms of advertising.

Third—He should not fill orders or prescriptions which come to him by mistake. Prescription containers with copies and labels of another pharmacist upon them may be filled by him upon request but he must invariably replace the labels with his own, thereby assuming proper responsibility.

Fourth—He should never request a copy of a prescription from another pharmacist; the owner of the prescription, being alone entitled to a copy, is the proper person to ask for it.

Fifth—He may borrow merchandise from another pharmacist, provided the practice is reciprocal and equally agreeable to both parties; but the better form is to pay a sum for the desired article equal to the cost and half of the profit to be obtained.

RESPECTING THE PHARMACIST'S RELATION WITH PHYSICIANS

First—He should positively refuse to prescribe for customers except in case of urgent emergency.

Second—He should not, under any circumstances substitute one article for another, or one make of an article for another, in a physician's prescription without the physician's consent.

Third—He should refuse to re-fill prescriptions or give copies of them when so instructed by the physician.

Fourth—He should not put advertisement of any kind on prescription blanks furnished to the physician, including the name and address of the pharmacy or pharmacist.

Fifth—He should not place copies of prescriptions upon containers unless ordered to do so by the prescriber, even though the patient should request it. Nor should he use any word or label, like "For External Use," "Poison," "Caution," etc., with due regard for the wishes of the prescriber, provided the safety of the patient and family is not jeopardized.

Sixth—Whenever there is a doubt as to the correctness of the physician's prescription or directions, he should invariably confer with the physician in order to avoid possible mistakes or unpleasantness; changes in prescriptions should not be made without such conference.

RESPECTING THE PHARMACIST'S RELATIONS WITH HIS PATRONS

First—He should seek to merit the confidence of his customers, which, when won, should be jealously guarded and never abused by extortion or misrepresentation.

Second—He should supply products of standard quality only to patrons, excepting when something inferior is specified and paid for by them.

Third—He should charge no more than fair, equitable prices for merchandise and prescriptions; but the time required for the proper preparation of prescriptions should be duly considered and paid for.

Fourth—He should hold the safety and health of his patrons to be of first consideration; he should make no attempt to treat disease nor strive to sell nostrums or specifics simply for the sake of profit.

Fifth—He should consider the reckless or continued sale of drugs to habitues and the illicit sale of abortive medicines or poisons to be practices unbecoming a gentleman, a pharmacist and a member of this Association.

CONSTITUTION AND BY-LAWS

Revised and Adopted June 28, 1956

Amended October 17, 1963

Preamble

WHEREAS, to promote progress and to guard the well-being of our profession within the State, Pharmacists should be thoroughly organized, and

WHEREAS, the relations existing between Pharmacists, Chemists, Drug Wholesalers and Manufacturers are, and ought to be, of the most intimate and confidential character, and

WHEREAS, there exists great necessity for the enactment of just, and stringent laws in the interest of the public, to guard against the adulteration, abuse and misrepresentation of drugs and medicines and to confine the compounding and dispensing of drugs and medicines to those who are thoroughly competent and duly licensed. Therefore, be it

Resolved, that we, the Pharmacists, Chemists, Drug Wholesalers and Manufacturers of the State of Maryland in convention assembled do hereby organize ourselves into a permanent association and adopt the following Constitution and By-Laws.

CONSTITUTION

ARTICLE I.

This Association shall be known as the MARYLAND PHARMACEUTICAL ASSOCIATION INCORPORATED.

ARTICLE II.

OBJECT OF THE ASSOCIATION:

The object of this Association is to bring together the reputable Pharmacists, Chemists, and Allied Members of the drug industry of the State, that they may, by thorough organization and united effort, advance the science of Pharmacy promote scientific research and, in the interest of the public, strive to have enacted just, and stringent laws conforming to state and federal regulations, and to prevent the adulteration, abuse and misrepresentation of drugs and medicines and to confine the compounding and sale of drugs and medicines to duly educated and licensed pharmacists.

ARTICLE III.

TYPES OF MEMBERSHIP:

Section 1. This Association shall consist of active, associate, affiliate, honorary and life members.

Section 2. *ACTIVE MEMBERS*: Any licensed pharmacist in the State of Maryland, of good moral character and professional standing, who shall have attained the age of twenty-one years, shall be eligible to active membership in this Association, upon subscribing to the constitution and by-laws of this Association and payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association. Applications shall be made on the form prescribed by the Executive Committee and shall be approved by the vote of a majority of the Executive Committee. None of the above qualifications shall change the status of any Active Member at this time.

Section 3. *AFFILIATE MEMBERSHIP*: Any person not a licensed pharmacist in the State of Maryland or others who have a proprietary or managerial interest in a drug store or pharmacy; any owner, members of a corporation or executive of an allied business or calling in the State of Maryland, of good moral character and standing, who shall have attained the age of twenty-one, shall be eligible to affiliate membership in this Association, upon subscribing to the constitution and by-laws of this Association, and the payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association, except the right to vote or hold office in the Association.

Section 4. *ASSOCIATE MEMBERS*: Any licensed assistant pharmacist; pharmacy interne; educator; or any person of an allied profession or calling in the State of Maryland, of good moral character and professional standing, who shall have attained the age of twenty-one, shall be eligible to associate membership in this Association, upon subscribing to the constitution and by-laws of this Association and the payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association, except the right to vote or hold office in the Association.

Section 5. *LIFE MEMBERSHIP*: Any active member who has paid at least twenty-five years continuous dues, may pay ten years current dues in advance to the Treasurer and shall be a life member. Life members shall have all the rights and privileges of active members, including the right to vote, but are not required to pay the annual dues, thereafter.

Section 6. *HONORARY MEMBERS*: Professional men, physicians, pharmacists, chemists, scientists and other persons of merit, not actively engaged in the practice of retail pharmacy, shall, upon the vote of 80% of the Executive Committee, be declared honorary members and shall be entitled to all the privileges of the other classes of members except the right to vote and to hold elective office. They shall not be required to pay annual dues.

ARTICLE IV.

OFFICERS AND EXECUTIVE COMMITTEE:

The Officers of this Association shall consist of a President, four Vice-Presidents, an Executive Secretary, a Treasurer, and an Executive Committee composed of representatives of five districts, and Baltimore City, comprising the State of Maryland. Originally, each district shall have representation based on two members on the Executive Committee for each of the five districts and three members for Baltimore City, regardless of store population After adoption of this Constitution, any of the five districts and Baltimore City shall be entitled to one extra member on the Executive Commitee on the basis of one member for every twenty-five dues paid members in the district or Baltimore City. Representation shall not exceed five members to the Executive Committee from any one district or Baltimore City.

District 1: Eastern Shore. To include the following counties: Caroline, Cecil, Dorchester, Kent, Queen Annes, Somerset, Talbot, Wicomico and Worcester.

District 2: Central. To include the following counties: Anne Arundel, Baltimore, Harford and Howard.

District 3: Southern. To include the following counties: Calvert, Charles, Montgomery, Prince Georges and St. Marys.

District 4: Northern. To include the following counties: Carroll, Frederick and Washington.

District 5: Western. To include the following counties: Allegany and Garrett.

District 6: Baltimore City. To include the corporate city limits.

All officers of this Association except the Executive Secretary shall be elected annually by ballot, and shall hold office until their successors are elected and have qualified. The Executive Secretary shall be appointed by the Executive Committee, to serve and act during the term of said Executive Committee.

Ex-Officio members may be elected annually by ballot, to the Executive Committee because of the office they hold. Ex-Officio members to the Executive Committee shall not vote.

The President of the Association shall become a member of the Executive Committee for the year immediately following his term as president, and he shall serve as chairman of the Executive Committee during this period.

Article V.

AMENDMENT OF CONSTITUTION:

Every proposition to alter or amend this Constitution must be submitted in writing, and, after being read at a duly constituted meeting shall be referred to the Executive Committee, and lie over until the next annual or duly constituted meeting of the Association, when, upon receiving an affirmative vote of two-thirds of the members present, it shall become part of this Constitution.

Article VI.

QUORUM:

Twenty-five members shall constitute a quorum for the transaction of business.

BY-LAWS

Article I.

DUTIES OF THE PRESIDENT:

The President shall preside over all meetings of this Association; he shall decide all questions of order, subject, however, to an appeal. He shall appoint all committees, unless their appointment is otherwise ordered by the

Association and shall be ex-officio, a member of the Executive and each standing committee. He shall present at each annual meeting a report and shall make such suggestions as may seem to him suitable to promote the interest and better carry out the objects for which this Association has been organized. He shall authenticate all proceedings by his signature.

ARTICLE II.

DUTIES OF THE OFFICERS:

In the absence of the President, or his inability to act, his duties shall devolve upon the Vice-Presidents in their order of rank.

ARTICLE III.

DUTIES OF THE EXECUTIVE SECRETARY:

The Executive Secretary shall make and keep correct minutes of the proceedings and conduct all the correspondence of the Association. He shall be ex-officio, a member and Secretary of the Executive and each Standing Committee. He shall carefully preserve on file all reports and papers of every description, and it shall be his duty, under direction of the Executive Committee, to edit the Maryland Pharmacist, publish and distribute the Proceedings of the Association, countersign all orders upon the Treasury and shall be paid an annual salary of a sum to be determined by the Executive Committee.

ARTICLE IV.

DUTIES OF THE TREASURER:

The Treasurer shall collect and safely hold all dues and other funds belonging to the Association, to the order of the Executive Committee. He shall report to the Executive Committee the status of membership of the Association. He shall at each Executive Committee meeting render a statement of his accounts showing all income and expenditures. He shall at each annual meeting render a statement of his accounts to the Executive Committee for audit and report a copy of the same to the Association. He shall be ex-officio, a member of the Executive Committee. He shall keep a separate account for the monthly journal, charging all expenses and crediting all receipts, setting out this account separately in his annual report. He shall countersign all orders upon the Treasury.

ARTICLE V.

DUTIES OF THE EXECUTIVE COMMITTEE:

The property and affairs of the Association shall be managed by the Executive Committee, consisting of the President, the four Vice-Presidents, the Chairman, who is the immediate preceding president, and members representing the districts of the State as determined in the Constitution. To the extent that the corporation laws of this State permits, the Executive Committee shall be the governing body of the Association and shall have and be entitled to exercise all the power of the members. The Chairman and members at large of the Executive Committee shall be elected by ballot at the annual meeting of the Association and shall hold office until their successors are elected and have qualified. In case of resignation. removal or death of any member of the Executive Committee, the vacancy shall be filled by the remaining members of the Executive Committee, and the new committee member shall hold office until the election and qualification of his successor.

The Executive Committee shall meet at such times and places as the committee may determine. Special meetings of the Committee may be called at any time by the President or by a majority of the committee.

No member of the Executive Committee shall receive any compensation for his services as such.

Ten members of the Executive Committee shall constitute a quorum for the transaction of any business at any regular or special meeting of the Executive Committee.

ARTICLE VI

MEETINGS:

This Association shall hold its meetings annually at such time and place as the Executive Committee may name and shall give thirty days written notice thereof to the membership. Special meetings shall be called, upon the written application of ten members, directed to the President; said written application before being acted on must be submitted to the Board of Trustees, and receive the approval of a majority of said Board of Trustees, and at least fifteen days notice be given of the time, place and object of meeting in special session. Regional meetings may be held at such place as the President may designate which the officers and chairman of committees especially shall attend.

ARTICLE VII

BOARD OF TRUSTEES:

The officers of the Association shall constitute a Board of Trustees for the transaction of any business that may be intrusted to it.

ARTICLE VIII

FISCAL YEAR:

The fiscal year of this Association shall be the calendar year.

ARTICLE IX.

FINANCIAL ADMINISTRATION:

Section 1. All checks or orders for payment of money shall be signed by such officer or officers as may, from time to time, be designated by the Executive Committee, provided such papers be signed by the Treasurer with the approval of the President or such other officer designated by the President.

Section 2. All other contracts, obligations and documents of all kinds shall be executed by the President, whose signature shall be witnessed by the Secretary after approval, shall first have been given by the Executive Committee or designated by the Executive Committee.

Section 3. The Executive Committee shall be empowered to establish dues for membership in the Association.

Section 4. The Executive Committee is authorized to allocate a portion of the annual dues for "Kelly Memorial Building Maintenance, Only".

Section 5. Any member, whose dues shall be in arrears for one year shall, after due notification from the Treasurer, lose his rights as a member.

Section 6. The Executive Secretary and Treasurer shall each receive a salary in such amount as the Executive Committee may determine for his services.

Section 7. An annual audit shall be prepared by a certified public accountant, who has been approved by the Executive Committee, at the close of business on May 31st each year. A full and true report of the annual audit shall be given at the annual meeting of the Association.

Article X.

ORDER OF BUSINESS:

The Executive Committee shall furnish the order of business for each regular and annual meeting and shall furnish the Executive Secretary a draft of progress at least thirty days before the date of such meetings.

Article XI.

APPOINTMENT TO STATE BOARD OF PHARMACY:

A list of members of the Association, in good standing, being skilled and competent pharmacists who have had at least five years active pharmaceutical experience in compounding and dispensing physician's prescriptions, shall be submitted by the executive committee to the nominating committee, which latter named committee shall recommend at the annual meeting of the Association, a list of three eligible members for each vacancy to be filled by appointment of the Governor of the State of Maryland to the Maryland Board of Pharmacy. None of the candidates may be connected with the School of Pharmacy, either as a teacher, instructor, or a member of the Board of Trustees. The Board of Pharmacy shall consist of two members of the City of Baltimore, two members of the Counties of the State, and one member of either the City of Baltimore or the Counties of the State. The appointment shall be for a period of five years. In case of any vacancy or vacancies, whether from expiration of term, resignation, death or otherwise, the Governor shall appoint a successor from a list of Pharmacists of three times the number of vacancies to be filled, said list to be submitted by the Maryland Pharmaceutical Association. The said Commissioners shall, after notification of their appointment each subscribe to the oath prescribed by the Constitution of the State of Maryland and shall hold office until the appointment and qualification of his successor.

Article XII.

STANDING AND SPECIAL COMMITTEES:

The following Standing Committees shall be appointed annually by the President and approved by the Executive Committee:

1. Social Committee
2. Building Committee
3. Trade Relations Committee
4. School of Pharmacy Committee
5. Professional Relations Committee
6. Legislative Committee
7. Membership Committee
8. Finance Committee
9. Auditing Committee
10. Public Relations Committee

11. Fair Trade Committee
12. Publications Committee
13. Pharmacy Week Committee
14. Pharmacy Committee
15. Civil Defense Committee
16. Nominating Committee
17. Resolutions Committee
18. Grievance Committee
19. Robert L. Swain Pharmacy Seminar Committee
20. Constitution and By-Laws Committee

The President shall also appoint such other special committees as he may, from time to time deem necessary or advisable. The number of members serving on Standing and Special Committees and the duties and responsibilities of all committees shall be determined by the Executive Committee and a report of all committees shall be submitted in writing at regular, special or annual meetings of the members.

Article XIII.

TRAVELERS AUXILIARY:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of the Travelers' Auxiliary of the Maryland Pharmaceutical Association to be a permanent organization to aid in the entertainment of the Association.

Section 2. (Membership) Membership of the Auxiliary shall comprise all representatives who sell to the pharmacists and to the drug trade in general.

Section 3. (Dues) Each member of the Auxiliary shall pay seven dollars and fifty cents in annual dues to the Treasurer of the Auxiliary, or any designated amount.

Section 4. (Function) The Social Committee of the Maryland Pharmaceutical Association shall devise with the Travelers' Auxiliary in matters pertaining to the program of entertainment for the annual meeting of the Association.

Section 5. (Powers) The Travelers' Auxiliary and Social Committee of the Maryland Pharmaceutical Association shall have control of the entertainment features of the Maryland Pharmaceutical Association at its meetings.

Article XIV

LADIES AUXILIARY:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of the Ladies' Auxiliary of the Maryland Pharmaceutical Association to be a permanent organization to aid in the entertainment of the Association.

Section 2 (Membership) Membership of the Auxiliary shall comprise of wives of pharmacists, teachers and all representatives who sell to the pharmacists and to the drug trade in general.

Section 3. (Dues) Each member of the Ladies' Auxiliary shall pay two dollars in annual dues to the Treasurer ot the Auxiliary, or any designated amount.

Section 4. (Function) The Social Committee of the Maryland Pharmaceutical Association shall devise with the Ladies' Auxiliary in matters pertaining to the program of entertainment for its annual meeting of the Association.

Section 5. (Powers) The Ladies' Auxiliary and the Social Committee of the Maryland Pharmaceutical Association shall have control of the entertainment features of the Maryland Pharmaceutical Association at its meetings.

Article XV

STUDENTS AUXILIARY:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of a Students' Auxiliary of the Maryland Pharmaceutical Association.

Section 2. (Membership) Under-graduate students who are members of the second, third, and fourth year classes, respectively, of the School of Pharmacy of the University of Maryland shall be eligible for active membership in the Students' Auxiliary.

Section 3. The Students' Auxiliary is hereby empowered to adopt a constitution and by-laws which constitution shall be approved by the Maryland Pharmaceutical Association before taking effect.

Section 4. The Students' Auxiliary is empowered to elect such officers and appoint such committees as provided for in the constitution and by-laws, including an Executive Committee. The President of the Maryland Pharmaceutical Association shall be a member ex-officio and without vote, of the Executive Committee of the Students' Auxiliary, and the President of the Students' Auxiliary shall be a member, ex-officio and without vote, of the Executive Committee of the Maryland Pharmaceutical Association.

Section 5. The Students' Auxiliary of the Maryland Pharmaceutical Association shall send three delegates to the annual convention of the Maryland Pharmaceutical Association, such delegates to be appointed in accordance with the by-laws.

Section 6. The members of the Students' Auxiliary of the Maryland Pharmaceutical Association shall be entitled to receive "The Maryland Pharmacist" for each month of the college year, upon the payment to the Publications Committee of the Maryland Pharmaceutical Association the sum of one dollar ($1.00) per member.

Article XVI

AMENDMENT OF BY-LAWS:

These By-Laws may be amended by the affirmative vote of two-thirds of the members in attendance, at any regular meeting of the members or a special meeting called for that purpose; provided that notice to members, in writing, of the proposed changes be given at least fifteen days before the meeting.

Article XVII

ORDER OF BUSINESS:

The Order of Business at the annual meeting and special meetings where appropriate shall be as follows:

1. Call to order
2. Roll Call

3. Reading of Minutes of Previous Meeting
4. Reading of Communications
5. Reports of Officers and Committees
6. Unfinished Business
7. Election of Members
8. New Business including election ot Officers and members at large of the Executive Committee.
9. Adjournment

ARTICLE XVIII

RULES OF ORDER:

Roberts Rules of Order shall prevail in the meetings of this Association.

CONSTITUTION AND BY-LAWS TRAVELERS' AUXILIARY MARYLAND PHARMACEUTICAL ASSOCIATION

(T. A. M. P. A.)

(Revised and Adopted April 2, 1960)

PREAMBLE

In accordance with the authority contained in Article XIII of the By-Laws of the Constitution of The Maryland Pharmaceutical Association, this organization shall be known as the Travelers' Auxiliary of the Maryland Pharmaceutical Association.

CONSTITUTION

ARTICLE I.

The object of this Association shall be to co-operate with the Maryland Pharmaceutical Association in promoting the general welfare of the drug trade and to be a permanent organization to aid in the entertainment of the parent Association.

ARTICLE II.

This Association shall meet regularly on the FIRST Saturday of each month, except July and August, unless otherwise ordered by a two-thirds vote of members present or by recommendations of the Governing Body.

The ANNUAL meeting shall be held during the time and the place of the Annual Convention of the Maryland Pharmaceutical Association.

ARTICLE III.

EXECUTIVE OFFICERS

The Governing Body of this Association shall be composed of Active Members only and shall consist of a PRESIDENT, FIRST VICE-PRESIDENT, SECOND VICE-PRESIDENT, THIRD VICE-PRESIDENT, SECRETARY, TREASURER, a Board of Directors consisting of nine members and the IMMEDIATE Past President who shall act as Chairman of the Board.

ARTICLE IV.

All officers of this Association shall be elected at the Annual Convention meeting. The PRESIDENT, FIRST VICE-PRESIDENT, SECOND VICE-PRESIDENT, THRD VICE-PRESIDENT, SECRETARY, TREASURER, shall be elected for a term of one year. Three DIRECTORS shall be elected for a term of three years each.

In the event of any officer not being able to perform any duties pertaining to his office, each following officer will perform the duties of the next highest office until the next ANNUAL CONVENTION.

The candidates for President, First Vice-President, Second Vice-President, Third Vice-President, Secretary, Treasurer receiving a majority of votes cast shall be declared elected to their respective office.

The three candidates of Directors receiving the largest number of votes cast shall be elected as Directors.

Article V.

The PAST PRESIDENTS shall constitute a permanent group to be known as the ADVISORY COMMITTEE.

Article VI.

This Association shall consist of ACTIVE MEMBERS, ASSOCIATE MEMBERS and HONORARY MEMBERS.

Article VII.

Twenty-five members (ACTIVE) shall constitute a quorum for the transaction of business.

Article VIII.

Every proposition to alter or amend this constitution must be formally submitted in writing to the membership and the Secretary must notify each member in writing at least thirty days prior to action thereon.

A two-thirds vote of the ACTIVE MEMBERS present is necessary for adoption at the next regular business meeting.

Article IX.

The By-Laws may be suspended at any regular meeting of the Association by a unanimous vote of the members present. Amendments to the By-Laws may be proposed by public announcement at any regular meeting. They must be presented in writing at that meeting and voted on at the NEXT regular meeting and will be accepted or rejected by a two-thirds vote of the ACTIVE members present.

Article X.

HONORARY PRESIDENT

To be elected at Annual Meeting for a term of one year.

BY-LAWS

SECTION I.

Duties of Officers and Committees

PRESIDENT—It shall be the duties of the President to preside at all meetings of the Association and its Governing Body and to perform such other duties as ordinarily pertain to his office. He shall also call a meeting of the Chairmen of the various committees at least twice a year.

VICE-PRESIDENTS—In the absence of the President or his inability to act his duties shall devolve upon the Vice-Presidents in the order of their rank. The Vice-President shall each be assigned with the responsibility to supervise the activities of the Committees assigned to them by the President.

SECRETARY—It shall be the duties of the Secretary to keep a record of all transactions of the Association and make a complete report, in writing, at the first regular business meeting following the Annual Convention.

TREASURER—It shall be the duties of the Treasurer to keep a record of finances of the Association and to deposit all funds in the name of the Association in a bank acceptable to the Governing Body and to make a complete report, in writing, at the first regular business meeting following the Annual Convention. Checks to be signed by the Treasurer but in his absence may be signed by, either the President or Secretary, whose signatures are on file with Depository.

GOVERNING BODY—This Body schall be charged with the transaction of all business not covered specifically by these By-Laws and shall hold meetings at the direction of the President to transact any necessary business and to hear the detailed report of the Secretary and the Treasurer as to finances and membership.

SECTION II.

All officers shall assume the duties of the offices to which they are elected at the first regular business meeting following their election. At this meeting, the President shall appoint the following PRINCIPAL and STANDING committees (except AUDITING, NOMINATING and CONVENTION committees which shall be appointed at a meeting prior to the ANNUAL meeting and any others deemed necessary.

ATTENDANCE
CUSTODIAN
EMORY G. HELM MEMORIAL FUND
LUNCHEON
THE MARYLAND PHARMACIST
MEMBERSHIP
PROGRAM
PUBLICITY
WELFARE

SECTION III.

Duties of Principal and Standing Committees

Chairman of each Committee shall call a MEETING of his Committee members at least twice a year and shall submit a report to the President.

ATTENDANCE—It shall be the duites of this Committee to keep a record of and to promote attendance at all meetings.

CUSTODIAN—It shall be the duties of this Committee to see that an American Flag, the T.AMP.A. Banner and any equipment of the Association is available and displayed at all meetings and be protected at all times.

EMORY G. HELM MEMORIAL FUND—This Committee's responsibility will be to perpetuate the Emory G. Helm Memorial Fund and create the funds and administer them for Charitable purposes, in the memory of Emory G. Helm, who served this Association faithfully for a period of thirty years as Secretary-Treasurer.

LUNCHEON—This Committee shall arrange menus for all Meetings, shall sell tickets at the door and see that all present are being served.

THE MARYLAND PHARMACIST—It shall be the duties of this Committee to cooperate with the Editor of the Maryland Pharmacist in supplying information, news of interest, activities of the T.A.M.P.A. Such information to be in the hands of the M.P.A. Editor not later than Monday following the Saturday of the regular monthly Meeting.

MEMBERSHIP—This Committee shall thoroughly investigate the character and eligibility of all applicants.

PROGRAM—This Committee shall arrange all programs for all regular meetings.

PUBLICITY—It shall be the duties of this Committee to furnish news of our activities to the press or any other medium.

WELFARE—It shall be the duties of this Committee to call on the sick and the families of the deceased and make a report at each regular meeting and also render any assistance within the power of the Association.

Duties of Special Committees

ADVISARY—This Committee shall act at the request of the President.

AUDITING—This Committee shall consist of three Past Presidents whose duties it shall be to audit the books annually and submit a written report, at the Annual Meeting.

CONVENTION COMMITTEES—The Convention Committees shall be selected and function at the discretion of the President.

NOMINATING—This Committee shall consist of three immediate Past Presidents, whose duties it shall be to suggest a complete roster of officers to be elected at the ANNUAL Meeting. This roster to be presented when called for by the President. Additional nominations may be made from the floor.

SECTION VI.

Membership

Active membership in this Association shall be limited to men calling on or affiliated with the Drug Trade, who are acceptable to the Governing Body of the Association.

Application for membership shall be in writing on the prescribed form and endorsed by two ACTIVE members and accompanied by one year's dues.

All applications or names of prospective applicants shall be furnished to the Secretary, who shall submit the prospective member's name, firm represented, and length of time employed by said firm, to the Membership Committee. The Membership Committee will be responsible for verifying applicants eligibility and for further determining his qualifications. They shall submit their report to the Secretary. If a favorable report is received, the Secretary shall announce the name or names in his written communication to the membership for action at the next regular business meeting.

Upon acceptance by two-thirds vote of ACTIVE members present the person or persons whose name was acted upon shall be notified by the Secretary, in writing, of his election, and his name will be inscribed on the rolls of the Association.

This Association shall have the power to expel a member by a vote of two-thirds ACTIVE members present at a regular business meeting, providing a trial is held for conduct against the best interests of the Association, but no person shall be expelled until he has been notified of the charges against him and given opportunity to present his defense.

Associate Members

An Associate Member of this Association shall be a member who by reason of change of occupation shall cease to qualify in the opinion of the Governing Body, as an Active Member but who desires to remain in the Association for its social contact. He will pay the regular dues but may not vote.

Honorary Members

The Governing Body may nominate for Honorary Membership. Members who in their opinion have rendered such services to the Association as to deserve this recognition. All such nominations to be subject to election by a two-thirds vote of the membership present at a regular or Annual Meeting. Such membership to carry no voting privilege and also to be exempt from the annual dues.

Dues

The annual dues of the members of this Association shall be seven dollars and fifty cents ($7.50) and shall be payable in advance on January first, of each year, and shall be considered in arrears, if not paid by the time of the Annual Convention, and such members shall be automatically dropped from the rolls. New members joining the Association after September first, dues are paid for the following Year.

PRESIDENTS

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

(Formerly Baltimore Retail Druggists' Association)

The Baltimore Retail Druggists' Association was organized in 1909. The name of the Association was changed on January 1, 1958 to the Baltimore Metropolitan Pharmaceutical Association. Since its organization the following presidents have served:

*1909-1910—J. B. Thomas
*1911—W. W. Cherry
*1912-1928—R. E. Lee Williamson
*1929-1932—Samuel Y. Harris
*1933—Aquilla Jackson
1934—Simon Solomon
1935—John F. Wannenwetsch
1936—J. L. Kronthal
*1937-1938—T. Ellsworth Ragland
1939—W. Scott Walb
1940—William E. Waples
*1941—Charles S. Austin, Jr.
*1942—Harry S. Harrison
*1943—Otto W. Muehlhause
1944-1945—Frank L. Swiss
1946—M. Martin Settler
1947—Frank J. Macek
1948—Morris L. Cooper
1949—Hyman Davidov
1950—Wilmer J. Heer
1951—I. Jack Parks
1952—Gordon A. Mouat
1953—Frank Block
1954—Stephen J. Provenza
1955—Henry M. Golditch
1956—Bernard Cherry
1957—Victor H. Morgenroth, Jr.
1958—Alexander J. Ogrinz, Jr.
1959—Herman B. Drukman
1960—Gregory W. A. Leyko
1961—Sam A. Goldstein
1962—Jerome J. Cermak
1963—Aaron M. Libowitz
1964—Irving I. Cohen

**Deceased*

OFFICERS 1963

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Honorary President—BERNARD R. HENDLER
President—AARON M. LIBOWITZ
1st Vice President—JOHN F. NEUTZE
2nd Vice President—IRVING I. COHEN
3rd Vice President—MARION R. CHODNICKI
4th Vice President—JEROME A. STIFFMAN
Secretary—NATHAN I. GRUZ
Secretary Emeritus—MELVILLE STRASBURGER
Treasurer—CHARLES E. SPIGELMIRE
Treasurer Emeritus—FRANK L. BLACK

Executive Committee

Chairman—AARON M. LIBOWITZ

JOSEPH H. MORTON
JOHN F. NEUTZE
CHARLES A. NITSCH
JOSEPH L. OKRASINSKI
JACOB L. RICHMAN
WILLIAM C. ROSSBERG
MORRIS SHENKER
MEYER STOLER

FRANCIS S. BALASSONE, Ex-Officio

CONSTITUTION AND BY-LAWS OF BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

AMENDED AND NAME CHANGED FROM BALTIMORE RETAIL DRUGGISTS ASSOCIATION ON DECEMBER 5, 1957.

Article I

MEMBERSHIP

Section 1. Membership in the Association shall be divided into four classes: ACTIVE MEMBERS, LIFE MEMBERS, HONORARY MEMBERS, and ASSOCIATE MEMBERS

(a) ACTIVE MEMBERS: All registered Pharmacists who are or were actively engaged in the practice of retail pharmacy in Metropolitan Baltimore as owners of retail drug stores, are eligible to become active members. Applications shall be made on the form prescribed by the Executive Committee and shall be approved by the vote of a majority of the Active Members present at regular annual meetings or in the interim, by a majority vote of the Executive Committee. None of the above qualifications shall change the status of any Active Member at this time.

(b) LIFE MEMBERS: Any Active Member who has paid dues for fifteen years, may pay the sum of $100.00 to the Treasurer and shall be a Life Member and shall be presented with an appropriate certificate by the President. Life Members shall have all the rights and privileges of Active Members, including the right to vote, but are not required to pay the annual dues, thereafter.

(c) HONORARY MEMBERS: Professional men, physicians, pharmacists, chemists, scientists and other persons of merit, not actively engaged in the practice of retail pharmacy, shall, upon the vote of 80% of the Executive Committee, be declared Honorary Members and shall be entitled to all the privileges of the other classes of members except the right to vote and to hold elective office. They shall not be required to pay annual dues.

(d) ASSOCIATE MEMBERS: Any Pharmacist or other person actively engaged in industries allied to the profession, who do not meet qualifications of Active Membership, may by paying such dues as determined by the Executive Committee be eligible to all rights and privileges of the Association, except to vote and hold office.

MEETINGS

Section 2. MEETINGS:

(a) ANNUAL MEETINGS: The annual meeting of the members for the election of officers and members of the Executive Committee of the Association and for the transaction of any other business that may be before the meeting shall be held in December of each year in the City of Baltimore at a time and place designated by the Executive Committee.

(b) SPECIAL MEETINGS: The Special Meetings of the members may be called by the President or a majority of the Executive Committee, upon five days written notice. Petitions requesting special meetings, signed by not less than twenty-five active members, addressed to the President, shall make it mandatory for such special meetings to be called.

SECTION 3. QUORUM: Twenty-five members who are entitled to vote shall constitute a quorum for the transaction of any business at any annual or special meeting.

ARTICLE II

EXECUTIVE COMMITTEE

SECTION 1. The property and affairs of the Association shall be managed by the Executive Committee consisting of fourteen members; the President, the four Vice-Presidents, the Chairman, (the immediate preceding President) and eight members at large. To the extend that the Corporation Laws of this State permit, the Executive Committee shall be the governing body of the Association and shall have, and be entitled to exercise, all the powers of the members. The Chairman and members at large of the Executive Committee shall be elected by ballot at the annual meeting of the Association, and shall hold office until their successors are elected and have qualified. In case of resignation, removal or death of any member of the Executive Committee, the vacancy shall be filled by the remaining members of the Executive Committee, and the new Committe member shall hold office until the election and qualification of his successor.

SECTION 2. The Executive Committee shall meet at such times and places as the Committee may determine. Special meetings of the Committee may be called at any time by the President or by a majority of the Committee.

SECTION 3. No member of the Executive Committee shall receive any compensation for his services as such.

SECTION 4. Six members of the Executive Committee shall constitute a quorum for the transaction of any business at any regular or special meeting of the Executive Committee, except as provided for in Article I, Section 1, paragraph (c).

ARTICLE III

OFFICERS

Section 1. The officers of the Association shall consist of a President, four Vice-Presidents, a Secretary and a Treasurer. Such officers shall be elected by the Active and Life Members at the regular annual meeting, and shall hold office for one year or until their successors are elected and qualified.

Section 2. The Executive Committee may, from time to time, appoint such other officers and agents with such powers and duties as the Committee may deem advisable.

Section 3. Any vacancy in any office shall be filled by majority vote of the Executive Committee.

Section 4. Any officer, or employee, may be removed at any time with cause by the affirmative vote of a majority of the Executive Committee or by any superior officer upon whom such power of removal may have been conferred by the Executive Committee, and such action shall be conclusive upon the officer or employee so removed.

Section 5. The officers shall perform such duties as may, from time to time, be designated by the Executive Committee.

ARTICLE IV

OFFICIAL SEAL

The official seal of the Association shall be inscribed thereon the name of the Corporation and the words "Incorporated 1958 Maryland."

ARTICLE V

FINANCIAL ADMINISTRATION

Section. 1.

(a) All checks or orders for payment of money shall be signed by such officer or officers as may, from time to time, be designated by the Executive Committee provided such papers be signed by the Treasurer, with the approval of the President or such other officer designated by the President.

(b) All other contracts, obligations and documents of all kinds shall be executed by the President, whose signature shall be witnessed by the Secretary, after approval shall first have been given by the Executive Committee and shall include such signature or signatures of other officers as may be required and designated by the Executive Committee.

Section 2. The fiscal year of the Association shall be the calendar year.

Section 3. All Active Members, in order to maintain their status as Active Members, are required to pay dues in the amount of $10.00 per year payable on January 1st of each year, in advance. Any Active Member who is in default in the payment of his annual dues for one year shall automatically cease to be an Active Member of the Association.

Section 4. The Secretary and Treasurer shall each receive a salary in such amount as the Executive Committee may determine, for his services.

Section 5. A full and true statement of the affairs of the Association shall be submitted at the annual meeting of the members, and filed within twenty days thereafter at the principal office of the Association.

ARTICLE VI

STANDING COMMITTEES

Section 1. The following standing committees shall be appointed annually by the President, and the President shall be a member ex-officio of all such committees:

1. Social Committee.
2. Pharmacy Committee
3. Building Committee
4. Publicity Committee
5. Membership Committee
6. Committee on Attendance and Arranging Meetings
7. Ethical Practices Committee

8. Committee on Professional and Public Relations
9. Civil Defense Committee
10. Legislative Committee
11. Prescription Survey Committee
12. Good and Welfare Committee
13. Auditing Committee

The Executive Committee may also appoint such other special Committees as it, from time to time, may deem necessary or advisable.

The number of members serving on standing and special committees and the duties and responsibilities of all committees shall be determined by the Executive Committee, and a report of all committees shall be submitted, in writing, at the annual meeting of members.

ARTICLE VII

AMENDMENTS

These By-Laws may be amended by the affirmative vote of two-thirds of the members in attendance, at any regular meeting of the members or a special meeting called for that purpose; provided that notice to members, in writing, of the proposed changes be given at least fifteen days before the meeting.

ARTICLE VIII

ORDER OF BUSINESS

The order of business at the annual meeting and special meetings, where appropriate, shall be as follows:

1. Call to order
2. Roll call
3. Reading of minutes of previous meeting
4. Reading of communications
5. Reports of officers and committees
6. Unfinished business
7. Election of members
8. New business, including election of officers and members at large of the Executive Committee; and
9. Adjournment.

REGISTERED PHARMACISTS IN MARYLAND

The following list of Registered Pharmacists is furnished by and with the authority of the Maryland Board of Pharmacy, and every care has been taken to make the list accurate in every detail. However, should any errors be noted, please notify the Secretary of the Maryland Board of Pharmacy, 301 West Preston Street, Baltimore, Maryland, 21201.

A

Aarons, Hillel R.
Aaronson, Alfred I.
Abarbanel, Judith
Aberbanel, Morton
Abel, Walter H.
Abelsky, Abraham
Abelson, Abraham A.
Abrahams, C. S.
Abrahams, N. H.
Abram, Robert N.
Abrams, Arthur M.
Abrams, Marvin H.
Abrams, Lawrence M.
Abrams, Rosalie G.
Abramson, Aaron
Abramson, Alfred
Abramson, Daniel J.
Abramowitz, Manuel
Abramovitz, Marjorie S.
Abramowitz, Robt. N.
Aceto, Mario D. G.
Adams, James H.
Adamson, Robert W.
Adelson, Morton J.
Adkins, Robert T.
Agris, George J.
Albert, Ada Celeste
Albert, Irvin J.
Albrecht, Walter E.
Albrecht, William F.
Aldrich, Clayton B.
Aldrich, Darwin F.
Alessi, Alfred Henry
Alessi, Edward J.
Alexander, Horace L.
Alexander, Latimer B.
Alexander, Lydia B.
Alexander, T. W.
Alexander, Wm. A.
Aldrich, Darwin F.
Allaband, Edgar R.
Allen, Anthony, III
Allen, Benjamin F.
Allen, E. B.
Allen, Claris M.
Allen, Lodell M. S.
Alliker, Morris J.
Alpern, Elwin H.
Alpert, Lawrence J.
Alven, A. Ralph
Amarant, Emil
Amernick, Harmond
Amass, Arnold Leroy
Amoia, Henry
Anders, W. Raymond
*Anderson, B. W.
Anderson, Chas. D.
Anderson, Chas. R.
Anderson, Don R.
Anderson, J. Erroll
Anderson, Solon Lee
Andrews, Marvin J.
Angster, Jerome
Angorn, Richard A.
Anoff, Bernard
Ansell, Max S.
Anshell, Marvin
Anstine, Clarence L.
Antal, Gyula
Anthony, Arthur F.
Anthony, Joseph G.
Antwarg, Alvin G.
Apitz, Fred W.
Appel, William J.
Applestein, Frank
Applestein, Harry A
Arapian, Ansel G.
Arch, Edward K.
Archambault, Paul J.
Archer, Fletcher W.
Archer, Theodore
Armstrong, Chas. L.
Aronson, Donald
Arrington, H. S.
Artigiani, Filiberto
Artsis, Morris
Asbill, J. Lewis
Ashby, James H.
Askey, Wilbur G.
Atlas, Harvey H.
Atwell, Daniel S., Jr.
Augsburger, Larry L.
August, Henry John
Austerlitz, John S.
Austraw, Geraldine L.
Austraw, H. H.
Austraw, Richard F.
Avedisian, Paramaz
Avent, T. E.
Avinger, Noel S.
Avis, James L.
Axelrod, Stuart
Ayd, John Joseph
Ayd, Joseph M.
Aytes, Chester Ray

B

Babst, Edward Ralph
Baer, Philip C.
Bachman, Fenton L.
Bachrach, M. E.
Baer, Adolph
Bahr, James D.
Bahr, Raymond D.
Baier, John Cletus
Baikstis, Anda A.
Bailey, Grafton D. P.
Bailey, Halcom S.
Bailone, Wm. A., Jr.
Bair, Schafer B.
Bakas, James A.
Baker, Barbara A.
Baker, Daniel S.
Baker, G. F.
Baker, Harley E.
Baker, Israel
Baker, J. Elmer
Baker, Jeanne, A.
Baker, William
Balassone, Francis S.
Balcerak, Eugene P.
Balcerzak, A. E.
Baldwin, G. Mitchell
Baldwin, James S.
Balje, Richard A.
Balliet, Woods D.
Balmert, Clemens A.
Balotin, Louis Leon
Baltz, George E.
Bambrick, Vincent C.
Bank, Albert
Bankard, Jesse C.
Banks, David E.
Barbacoff, Alec
Barcus, Glenn W.
Barke, Daniel S.

*Deceased

Barke, Sheldon Saul
Barlow, Sara A. LeV.
Barlow, Robert J.
Barnes, Attison L., Jr.
Barnes, Forrest P.
Barnett, Edward J.
Barnett, Ruth Ella
Barnett, William M.
Barnett, W. P.
Barnstein, Fred S.
Barnum, Charles W.
Barone, James A.
Baroti, Ethel
Barrett, A. G.
Barrett, Harvey W.
Barrett, Henry H.
Barrett, Sister Agatha
Barrett, William H.
Barrie, Louis C.
Barron, David D.
Barron, Frank R.
Barry, Wilbur Ford
Barshack, Irwin S.
Barshack, Jack
Barsky, Samuel
Bartlett, Fitz James
Barton, Cynthia LaL.
Bartoshesky, Louis H.
Basik, Harvey E.
Bass, Benjamin
Bass, Harry
Bassett, Irving A.
Bastable, Edward J.
Batalion, Abraham L.
Batchison, Joseph C.
Batdorf, John B.
Batease, John Charles
Batie, A. Lester
Batt, William H.
Bauer, John C.
Bayer, George
Baylis, Richard D.
Baylus, Meyer Milby
Baylus, Joseph
Beal, Agnes A. K.
Beall, Clara
Beam, John H.
Beam, Merlin A.
Beatty, Annie K.
Beck, Herbert
Beck, Samuel D.
Becker, Edward P.
Becker, John Wilbert
Becker, Stanley L.
Beckley, J. Harry
Beer, Donald Richard
Behrman, Bernard F.
Beistle, Mathew J.
Beitler, Ben
Beitler, Leonard
Belbot, Emma N.
Belford, Joseph
Belford, Stanley H.
Bell, Abraham P.
Bell, David W., Jr.
Bell, Frank Kelly
Bell, Raymond M.
Bell, William R. Jr.
Beller, John R.
Bellis, Walter S.
Bellman, Frank A.
Belt, James F.
Bender, Maurice
Benfer, Benjamin D.
Benkovic, George J.
Bennett, C. W., Jr.
Bennett, Howard S.
Bennett, Lester Leroy
Bensel, Robert John
Benson, Charles M.
Benson, Michael T.
Bentheme, James A.
Bentz, William A.
Benya, Theodore J.
Bercovici, Bernard S.
Bercovitz, Leon J.
Berger, Abraham A.
Berger, Alan Burton
Berger, Charles J., Jr.
Berger, George W.
Berger, Jerome Alvin
Bergeron, Paul R., II
Bergner, Samuel W.
Bergstein, Robert S.
Berkowich, Melvin I.
Berman, Abraham S.
Berman, Frederic T.
Berman, Gilbert S.
Berman, Maurice J.
Berman, Mitchell
Bernabo, Albert C.
Bernard, Charles V.
Bernardini, Jose R.
Bernas, Albert Earl
Berngartt, Elmar B.
Bernhardt, Henry
Bernhardt, William
Bernstein, Alvin S.
Bernstein, Stanley
Berkowitz, Samuel
Berlanstein, Joseph
Berlin, Alvin
Berlin, Jerome
Bernstein, Edwin E.
Bernstein, Joseph C.
Bernstein, Nathan
Bernstein, Stanley
Berry, M. B.
Berry, Robert Alden
Berry, Robert Earl
Berry, Robert M., Jr.
Berryman, C. H.
Berson, Seymour A.
Bettigole, Philip
Beyer, Jane
Beyer, Robert Ernest
Bialek, Samuel M.
Bialek, Ted
Biasini, Adolph P.
Bickle, John C.
Bickel, Louis M.
Biggs, John Gregory
Billian, Bernard
Bilodeau, John R.
Bierley, Roy Murray
Bindok, Edw. J.
Binstock, Albert
Birkin, Brent B.
Bishop, Davis N.
Bitner, Glen R.
Bixler, Richard S.
Black, Frank Linton
Blaine, Edw. I., Jr.
Blair, Ralph Diener
Blake, Andrew B.
Blake, David A.
Blank, Mary Ellen McGinn
Blankman, Albert J.
Blanquitte, Louis E.
Blatt, Harry F.
Blatt, Thomas H.
Blattstein, Flora
Blau, Eugene R.
Blaustein Arnold L.
Blechman, Charles
Bleu, Barnett T.
Blitz, Louis
Bloch, Donald E.
Block, Frank
Block, Jerome
Block, John Fred.
Block, Lawrence H.
Block, Lawrence Yale
Block, Ronald L.
Block, Samuel
Bloom, Eli H.
Blough, Myron Earl
Blue, Barbara M.
Blum, Abraham
Blum, Joseph Sydney
Blumberg, Eli T.
Blumson, Samuel S.
Boatman, Ernest A.
Boden, Edwin
Boeder, Leo
Boellner, Otto K., Jr.
Boeren, John Gilbert
Bogash, Philip
Boggan, Robt. F.

Boggs, Dorothy Jane
Bogen, Ellis B.
Boisfeuillet, Frank S.
Bomstein, Solomon
Bonanno, Placido A.
Bondareff, Erwin A.
Bookoff, Morris
Booth, Wm. H.
Borcherding, Wm. H.
Borenstein, Jack B.
Borg, Eugene G.
Borgatti, Richard J.
Borland, Hugh Kelly
Bortnick, Morris H.
Bosch, Charlotte T.
Bosch, Noel J.
Bosserman, Charles
Bossle, Paul C.
Bourne, Benjamin P.
Bower, Edwin L.
Bower, Martin R.
Bowers, Wm. W.
Bowen, Curtis A.
Bowie, Allen H.
Bowles, Adam J.
Bowman, A. E.
Boyd, Carville B.
Boyd, George W. F.
Boyd, Patricia G.
Boyd, Wm. Merton
Boyer, Gary H.
Boyer, Ralph Lewis
Bozman, Kenneth B.
Braden, Walter Buel
Braden, Wayne Ansel
Bradenbaug, Don L.
Bradford, J. Henry
Bradford, Melville L.
Bradley, Frank H.
Bradley, Theron R.
Bradstock, Alden, Jr.
Brady, Robert Wilson
Bragonier, James
Brager, Stanley S.
Brager, Stuart H.
Brahen, Leonard S.
Brambaugh, Benj. B.
Bramble, Henry S.
Brannon, Wilson Lee
Brant, Robert E.
Brashears, Charles L.
Bratten, Blanche R.
Bratten, E. H.
Braude, Monique C.
Brault, Paul Robert
Braunstein, I. M.
Bray, Edmond H.
Bray, William M.
Brazius, Joseph V.
Brenner, Joseph
Breslin, Frederick W.
Bress, Jerrold F.
Bretler, Herman B.
Brickman, Hilliard
Bridges, William S.
Briele, Henry A.
Briggs, P. M.
Brickman, Allen G.
Brill, Maurice Erwin
Brill, Michael M.
Brilliant, Alan Wolf
Bringenberg, John G.
Brining, Benton
Brink, Joseph Wm.
Brinkley, Guy O.
Brinkmann, Fred E.
Brinsfield, Jay Royce
Brinsfield, Wm. S.
Briody, Elizabeth M.
Bristow, Wm. Brooks
Britcher, Frank N.
Brocani, Francis J.
Brodie, Stanley Alan
Brodsky, E. M.
Brodt, Dan Pendelton
Brody, Robert D.
Broe, James A.
Bronstein, Miriam S.
Bronstein, Myer
Brooks, Florence G.
Brooks, George R.
Brooks, Jean Louise
Brooks, Louis
Brooks, Robert A.
Browdy, Emanuel
Brown, Chas. Wesley
Brown, David N.
Brown, Douglas W.
Brown, Harry James
Brown, Harold K.
Brown, Joseph K.
Brown, Laroy P.
Brown, Lewis L., Jr.
Brown, Samuel
Brown, Thomas C.
Brownstein, H. S.
Brownstein, Marshall P.
Brownstein, Milton J.
Bruckheimer, Irving M.
Brune, Richard C.
Brunner, George L.
Brunier, George F.
Brunnett, William L.
Brunson, Gerald N.
Bryan, Carroll L.
Bryan, Ralph H.
Budacz, Frank M.
Budacz, P. Thomas
Buchanan, G. Hayes
Buck, Robert L.
Buckman, Frank W.
Bulger, Willard Lane
Buongiorno, Ernest
Buppert, Hobart C.
Burgee, Sydney L., Jr.
Burgess, Samuel
Burgess, Ella N.
Burka, Leon H.
Burke, George J.
Burke, John V.
Burke, Lawrence A.
Burkhart, V. deP.
Burkholder, Ralph E.
Burnett, Benjamin E.
Burns, Herbert J., Jr.
Burns, Freida H.
Burns, Stanley J.
Burros, Stanton
Burrows, Roscoe T.
Burrows, Dudley A.
Burriss, Morris
Burton, Ed. Thomas
Butler, F. J.
Butler, Henry Milton
Butler, J. E.
Butler, Maybelle L.
Butler, Richard A.
Butsch, John L.
Butt, Frederick D.
Byron, Joseph I.
Byron, Joseph J.

C

Cahn, Albert M.
Calas, Andre' T.
Caldwell, Eben S.
Caldwell, John R.
Caldwell, Lee A.
Call, Tracey Gillette
Callan, H.
Calmen, Elmon H.
Cameron, Simon H.H.
Campbell, Thomas W.
Campbell, Wm. D.
Campbell, Vincent A.
Cannon, William N.
Cansey, Henry D.
Caplan, Bernard S.
Caplan, Carl Michael
Caplan, Clarence C.
Caplan, Clarice
Caplan, Milton
Caplan, Robert M.
Caplan, Yale H.

Carlson, David R.
Carlson, Joe Mark
Carofano, Edward
Card, Nathan C.
Careney, Wm. F.
Carey, Alford R.
Carey, L. B.
Carleton, Henry L.
Carlin, Henry P.
Carmel, Harry Louis
Carmel, Joseph
Carnevale, Joseph A.
Carney, Harry G.
Carouge, Gilbert M.
Carouge, Wm., Jr.
Carr, Chas. Jelleff
Carroll, J. M.
Carson, James O.
Carter, Paul M.
Carter, Russell E.
Carton, Frieda
Caruso, Ugo F.
Carver, Dorothy Kent
Carver, Renzo S., Jr.
Casey, John Joseph
Cassidy, Elizabeth C.
Catlett, Ollie Edwin
Catterton, Edward L.
Cauffman, Edwin C.
Cavacos, Andrew T.
Cavallaro, Joseph W.
Ceccorulli, Donald J.
Celio, Robert J.
Celler, Maximilian
Celozzi, Matthew J.
Cermak, Bertha M.
Cermak, Jerome J.
Chack, Eli S.
Chack, Morton S.
Chagnon, Charles E.
Chaiet, Melvin
Chalfont, Eugene E.
Chalk, James A., Sr.
Chan, Pearl
Chance, Albert A.
Chandler, N. W.
Chang, Gloria
Chang, Robert
Chankin, Norman
Chatlin, Gerald M.
Chatkin, Robert
Chatkin, William C.
Chavous, Clarence N.
Checcone, Gene L.
Cherepow, John A.
Cherney, Louis
Cherricks, Robt. V.
Cherry, Bernard
Chertkof, Freida
Chertkoff, Marvin J.
Cheslow, Nathan L.
Chick, Stephen
Chidester, Clay C.
Chilcoat, George O.
Chilton, Monroe Ira
Chipley, Albert Lee
Chodnicki, Marion R.
Cholden, Lawrence D.
Chow, Jean
Christopher, Joseph
Chupnick, David
Chyatte, Eli Isaac
Cimino, Edward R.
Citrenbaum, B. F.
Citrenbaum, Lewis A.
Citrenbaum, Morris
Claire, S. S.
Claney, William J.
Clapp, Clarence
Clark, Frank Black
Clarke, David C.
Clarke, Sister Mary Carmel
Clarke, Thomas, Jr.
Clay, William H.
Claybaugh, Springer
Clayman, David S.
Clayman, Jerome H.
Clayton, Guy W.
Clements, John Wm.
Clerget, Lyle L.
Cline, Harvey E.
Clinger, Richard G.
Clinger, William T.
Clyman, Sidney Gary
Coakley, Andrew J.
Cobots, Jeanette
Cockey, Charles
Codd, Francis I.
Coffman, Chas. W.
Cohan, Nath. Tolbert
Cohen, Abraham N.
Cohen, Allan Ira
Cohen, Archie R.
Cohen, Arthur S.
Cohen, Benjamin
Cohen, Bernard C.
Cohen, Bernard I.
Cohen, Bernard J.
Cohen, David H.
Cohen, Estelle G.
Cohen, Gerald Ivan
Cohen, Gilbert
Cohen, Harry C.
Cohen, Harry I.
Cohen, Harry J.
Cohen, Harvey
Cohen, Hershel
Cohen, Irvin J.
Cohen, Irving
Cohen, Irving Isadore
Cohen, Isador M.
Cohen, Isidore
Cohen, Jack Ronald
Cohen, Jacob
Cohen, Joseph
Cohen, Joseph W.
Cohen, Jules
Cohen, Lawrence J.
Cohen, Louis James
Cohen, Maurice D.
Cohen, Max Hurston
Cohen, Michael D.
Cohen, Morton B.
Cohen, Philip
Cohen, Ronald A.
Cohen, Samuel
Cohen, Samuel C.
Cohen, Samuel H.
Cohen, Stanley
Cohn, Edward
Cohn, Melvin
Cohn, Nathan
Colbert, Alberta C.
Colborn, Geo. W., Jr.
Colclough, John J.
Cole, B. Olive
Cole, S. Charles
Coleman, Mary Ann
Coleman, Sister Geraldine
Coleberg, Carl L.
Coleman, W. S. E.
Collier, George R.
Collins, C. W.
Collins, Ernest W.
Collins, Hugh Fenton
Collins, Leo Joseph
Colston, Richard J.
Colucci, Nicholas Jos.
Colvin, Ralph
Combs, Joseph L., Jr.
Comer, Bernard V.
Conklin, Nancy C.
Connelly, Mary W.
Connor, Edwin A.
Connor, William J.
Conrad, Marlene E.
Conroy, T. L.
Conway, George W.
Constantine, Chris G.
Contarsy, Simon
Contrino, Gabriel M.
Cook, Frank E.
Cook, Herbert Clark
Cooley, William A.

Coombs, William D.
Cooper, Abraham S.
Cooper, H. H., Jr.
Cooper, Harold L.
Cooper, James
Cooper, June Craven
Cooper, Morris L.
Cooper, Samuel J.
Copeland, Harry T.
Cooper, Nathan N.
Coplin, Louis I.
Corbin, James L.
Corkle, Donald B.
Corn, Charles
Cornblatt, Edmond A.
Cornell, Fred. B., Jr.
Cornias, William N.
Corrick, Lester S.
Cotlin, Joseph A.
Cottel, Joyce Adair
Cotter, Charles J.
Cousins, Walter H.
Cox, George T., Jr.
Cox, Percy P.
Cragg, James P., Jr.
Craig, B. H.
Craig, L. B.
Cramer, Robert D.
Crane, Frank T.
Crane, Richard R.
Creamer, John J.
Creswell, Lee D.
Crispens, Gordon M.
Crispens, Warren E.
Crocamo, Ralph J.
Crofton, Wilbur E.
Cross, John Milton
Crouse, James Earl
Crovetto, Felix R.
Crowell, Thomas A.
Crunkleton, Chas. L.
Crystal, Howard
Cummings, Maurice
Cunzeman, John LeR., Jr.
Currey, Tracey A.
Currier, Calona Dail
Curtis, Alfred Duane
Custis, Daniel P.
Custis, Harry J., Jr.
Cwalina, Gustav E.
Cwynar, Frank F., Jr.
Czapiewski, Eugene
Czekaj, Leo M.

D

D'Adamo, Pasquale J.
Dagold, Donald J.
Daily, Louis J. E.
Daley, Wm. J., Jr.
Dalgarn, Ira N.
Dalinsky, Harry A.
Dalton, John F.
Damasiewicz, W. Jr.
Damazo, Herbert S.
Damico, Samuel
Dammeyer, C. F. W.
Danoff, Abe
Danoff, Jerome Allen
Danziger, David Gerd
Darlington, R. G.
Daubon, Ramon L.
David, Alphonse S.
David, Irvin
Davidov, Arnold Lee
Davidov, Benjamin
Davidov, Hyman
Davidov, Louis
Davidov, Samuel
Davidov, Vivian S.
Davidson, Meyer
Davidson, Saul David
Davies, Burton T.
Davies, Donald W.
Davies, Joseph Wm.
Davis, Adam, Jr.
Davis, Alfred L.
Davis, Edwin B.
Davis, Eugene H.
Davis, George A., Jr.
Davis, J. Edward
Davis, Joel Samuel
Davis, Lee H.
Davis, Paul E., Jr.
Davis, Rebecca H.
Davis, Samuel
Davis, Sydney V.
Davis, William B.
Dawes, Thorpe T.
Dawson, George R.
Dawson, Harold M.
Dawson, Leroy O.
Dawson, Thomas C.
Day, Harold Lewis
Dayton, LeRoy E.
D'Ambrosio, J. E.
Dean, Cloyd Chas.
Deans, John
Debnam, George R.
DeBoy, John Michael
Debus, Albert
Decker, Allan Irwin
Dechter, Gerald Y.
Deems, John T., Jr.
DeGele, George Oscar
Deist, Freeman P.
Deist, Mariana K.
Deitch, Erwin
DeJulio, Luigi
Delcher, C. Rodgers
Delgado, Frank A.
Del Vecchio, Frank
Demarest, Dudley A.
Dembeck, Bern., Jr.
Dembeck, Walter D.
Dembiec, Walter J.
Dembo, Julius L.
Deming, Martin E.
DeMino, Leonard J.
Denison, Macel M.
Denny, Lucy J.
Dent, F. J.
DeReeves, A. Eugene
Derickson, L. L., Jr.
Derman, Sheila K.
DeRoca, Salvatore J.
Derr, Samuel
Derry, Harold T.
Deutschman, B. H.
Devan, William
Dewing, Arthur A.M.
Dezenhall, Mervin B.
Diamond, Frank
Diamond, Louis
Dickerson, Enoch W.
Dickinson, E. Newton
Dickinson, James M.
Dickinson, Harvey J.
Dickinson, James A.
Dickinson, William B.
Dickman, Arnold L.
Dickman, Hyman
Dickman, L. H.
Dickstein, Benjamin
Diener, Nelson G.
Diener, Samuel
Dietel, Hermon, Jr.
Diering, W. L.
Dietrich, Jos. Wm.
Dichter, Jack C.
DiGiovine, John J.
DiGristine, Mary R.
Dinges, Frank C., Jr.
DiPaula, Vincent R.
Dittrich, Theodore T.
Dittus, Richard H.
Doane, Allan H.
Dobropolski, A. J.
Dobrowolsky, Myron
Dobson, H. Clay, Jr.
Dodd, Wm. Anthony
Dodson, Garland C.
Dolejs, Gerald T.
Dolgin, Daniel
Domsky, Bessie

Donahoe, Walter J. A.
Donaldson, John E.
Donath, William D.
Donato, Vincent F.
Donnet, John
Donohue, Frank J.
Doorenbos, Fumiko I.
Dorcas, Ramona S.
Doren, Gerald S.
Dorfman, Joseph Sol
Dorsch, Joseph U.
Dosch, Philip Paul
Doty, Elmer C.
Doty, Willard A.
Dou, A. M.
Dougherty, John H. Jr.
Dougherty, Leon P.
Douglas, J. Edward
Douglass, Dolores Z.
Dow, Harry
Downs, Grant, Jr.
Downes, Samuel B.
Downey, Fred. W.
Downs, B. E.
Doyle, James D., Jr.
Doyle, John P.
Drabnis, A. J., Jr.
Drapkin, Leon I.
Drennen, James H.
Dripps, Samuel M.
Driskill, R. Hayes
Drukman, Herman B.
Dudley, F. E., Jr.
Dreizen, Sidney
Dreyer, Frederick, Jr.
Dubner, Hillel
DuBois, Norman
Duda, Walter J.
Dudley, Helen S.
Dudley, N. S.
Dudley, S. C.
Duffey, Roger Wm.
Duffy, Arthur L.
Duffy, William T.
Dugan, Frederick P.
Dugan, Walter C.
Dukes, L. Reyner
Dull, Joseph E.
DuGoff, Albert M.
Dunbar, Ruth
Duncan, Chester A.
Dunehew, Glenn Dale
Dunkel, Lawrence
Dunker, Melvin F.W.
Dunn, Charles G.
Dunning, James W.
Dunson, George L.
Durding, Anna T.
Durding, B. T.
Durding, I. B.
Duritz, Gilbert
Durm, Noel Elton
Dvorak, Geo. James
Dyott, William H.

E

Eagle, Philip T.
Eakle, Roy S.
Earhart, J. H. F.
Earle, Franklin W.
Eason, Frederick B.
Easton, James O., Jr.
Eaton, Robert Arthur
Eckhardt, Henry
Edelen, James Adrian
Edell, Marvin L.
Edelstein, J. Horace
Edenfield, Charles H.
Edlavitch, Sam
Edmonds, Edmund H.
Edmunds, Irland
Edwards, Edward
Edwards, James D.
Edwards, Paul H.
Edwards, Victor R.
Edwards, W. K.
Edwards, Stanley E.
Efros, Ida
Eger, W. M.
Ehudin, Herbert
Eichberg, Daniel M.
Eichelberger, M. F.
Eidelman, Nathan
Einbinder, Sylvan P.
Eise, Arthur H.
Eisen, Martin D.
Eisenberg, Edwin F.
Eisenberg, Harry H.
Eisenberg, Louis
Eisentrout, H. G., Jr.
Eisman, Morris J.
Eldredge, William P.
Eldridge, Warren P.
Eley, Chester F.
Elgin, Arthur G.
Elizondo, Cesar M.
Ellerin, Albert A.
Elliott, Mrs. C. V.
Elliott, Donald B., Jr.
Elliott, Paul Prag
Elliott, T. C.
Ellis, Lawrence Cash
Elsberg, Milton L.
Elwyn, Harold M.
Emery, Roy Fred
Emison, James Mack
Emory, Thomas B.
Endo, Kikuo R.
Engberg, John Jos.
Engel, Ralph
Englander, C. W.
Enten, Harry
Enterline, Jo Anne S.
Epley, William
Epstein, Arnold
Epstein, Irwin B.
Ernst, Myrle P.
Ervin, J. Dallas
Eshleman, Joseph M.
Essers, C. W. A.
Estwick, Bertram M.
Esslinger, Edward C.
Esslinger, Edwin W.
Essinger, Robert R.
Esterson, Neil Earl
Etchinson, Garrett W
Etzler, S. Alvin
Etzler, Edward A.
Eubanks, John V.
Evald, Gunnar N. G.
Evans, Frank Barton
Evans, W. Roland
Evans, M. J.
Exler, Samuel H.
Eybs, Earl Francis
Eyler, Maurice E.
Ezrin, Alvin

F

Fader, John F., II
Fadgen, Michael J.
Fahrney, Frederick W.
Fahrney, G. Fred
Fainberg, Alvin Jay
Fainberg, Edward
Fairey, Edison A.
Falck, James Stanley
Farber, David
Farina, Morton B.
Fassberger, Charles A.
Faulkner, Ellis E.
Fauss, Albert L., Jr.
Fazenbaker, Ed. A.
Fearer, William H.
Fedder, Donald O.
Fedder, Eli
Federman, John J.
Federman, R. H.
Fee, George Thomas
Fee, John Samuel
Feingold, Charles
Feinstein, Bernard S.
Feinstein, Isadore
Feirstein, Stuart P.

Feit, Leon
Feldman, Charles W.
Feldman, David
Feldman, Edward
Feldman, Herbert
Feldman, Jack
Feldman, Leon H.
Feldman, Milton
Feldman, Milton H
Feldman, Morris
Feldstein, Benjamin
Felicetti, Dominic
Felsenberg, S. Z.
Felts, Robert L.
Fennell, Theresa I.
Fenton, Paul T., Jr.
Feret, Julius W.
Ferguson, F. P.
Ferguson, Lebrow W.
Feroli, Ernest Robert
Ferrante, D. A.
Ferraro, Marlene S.
Ferrin, Victor W.
Fertick, Albert A.
Fibus, David
Fields, Thomas E. R
Fields, W. C.
Fiery, Frank P.
Fiery, Max J.
Fine, Ann Sue B.
Fine, Jerome L.
Fine, Morris A.
Fineman, Bill L.
Fineman, Hyman
Fineman, Jerome
Fingerhut, Harold I.
Fink, Ellwood
Fink, Francis T.
Fink, Irvin
Fink, James A.
Finkelstein, Karl H.
Finn, William James
Finney, Harriet Bell
Firnbacher, Fred S.
Fischer, I. M., Jr.
Fischer, E. Hamilton
Fishbein, William
Fisher, Arthur
Fisher, Delphia F. Jr.
Fisher, Donald V.
Fisher, Edward H.
Fisher, Joel N.
Fisher, O. H.
Fisher, Philip E.
Fisher, William G.
Fishman, Alan D.
Fitez, George R.
Fitzgerald, John L.
Fitzsimmons, M. J.
Fitzsimmons, Sister Agnes
Flaherty, Ruth M.
(Sister James Marie)
Flanagan, Robert M.
Fleckenstein, Paul A.
Fleisher, Harry
Flescher, Julius
Fletcher, J. Paul
Flom, Carl Joseph
Flom, Charles
Flom, Sidney Herbert
Floyd, Melvin L.
Foer, Raymond
Foer, Robert
Foerster, Fred
Fogg, Frank Emil
Folckemmer, C. W.
Foley, Wm. Thomas
Foley, William T., Jr.
Folus, Irvin H.
Fonke, F. W.
Ford, Robert Stewart
Ford, Samuel W.
Forman, Leonard Q.
Forman, Robert R.
Forsyth, Allan R.
Foss, Noel Elmer
Foster, Carroll P.
Foster, Russel C.
Fouch, Marshal S.
Fountain, Bernard L.
Fountain, Harold J.
Foust, John C.
Fowler, Esther Ellen
Fowler, Ruth Marie
Fowler, Thomas J.
Fox, Abraham
Fox, Chester David
Fox, Marshall H.
Fox, Samuel
Fox, Samuel L.
Fox, Will N.
Foxman, Marvin Jay
Fraase, Erwin E.
Frailey, William A.
Frame, Tom L.
Frampton, L. N.
Francik, Joseph
Frank, Milton M.
Frankle, Harold N.
Franklin, Eugene H.
Franklin, I. Y.
Franks, Dolores
Franzone, Francis
Franzoni, F. R. Jr.
Fraser, Stanley F.
Frazier, L. G.
Freed, Israel
Freed, Mayer N.
Freedenberg, Gerald Norman
Freedenberg, Marvin
Freedman, Leonard
Freedman, Albert
Freedman, Hannah
Freeman, Emanuel G.
Freeman, John J.
Freeman, Joseph S.
Freeman, Maysville J.
Freeman, W. Perry
Freeman, W. St. J.
Freidson, Morris
Freiman, Paul
Freiman, Joseph
Freitag, H. Homer
Frey, Lewis Leslie
Fribush, Robert
Fried, Burton
Friedel, Stuart L.
Friedlander, Paul M.
Friedlander, S. A.
Friedmann, Aaron J.
Friedman, Albert
Friedman, Albert J.
Friedman, Arnold M.
Friedman, Bennett A.
Friedman, Charles S.
Friedman, Gilbert I.
Friedman, Herbert
Friedman, Howard
Friedman, Irvin
Friedman, H. M.
Friedman, Jerome S.
Friedman, Julian M.
Friedman, Louis J.
Friedman, Marvin A.
Friedman, Melvin
Friedman, Milton A.
Friedman, Nathan
Friedman, Nathan J.
Friedman, Samuel L.
Friedman, Saul B.
Friedman, Sheldon
Frierson, Ethan O.
Frieman, Jack
Friesen, Irvin A.
Frishberg, Kenneth
Frishman, Samuel E.
Frohman, Isaac
Frontera, Victoria R.
Frye, Wordley D.
Full, David E., Sr.
Fuller, Albert Irwin
Fulmer, Verne R.
Fulton, David H.
Funk, James R.
Furbee, Arza
Futeral, Nathaniel
Futrovsky, Charles

G

Gaber, Jerome
Gadol, Ellis
Gaetz, Edward F.
Gagne, Joseph
Gagnon, Henry J., Jr.
Gagnon, Lester R.
Gaine, Jerome
Gakenheimer, Albert C.
Gakenheimer, H. E.
Gakenheimer, W. C.
Gallagher, Chas. T.
Galloway, Louis E.
Galley, Roland P.
Galperin, Irving O.
Gandel, Stephen J.
Gann, Jack
Garache, Joseph J.
Garden J. Harry
Gardner, Michael F.
Gardnier, Robert H.
Garfinkel, Meyer
Garner, Elliott Quinn
Garner, Sister Mary Florence
Garrison, Frederic
Gaskin, Patricia H.
Gass, Chas. B.
Gates, Earl A.
Gatto, Louis M.
Gaver, Herman S.
Gaver, Paul G.
Gaver, Paul G., Jr.
Gawthrop, Alfred J.
Gavlinski, John E.
Gazda, John Joseph
Gearhart, James H.
Geber, Isidor J.
Geesey, Alton Luther
Gehring, Otto
Geiger, Edward B.
Geiger, George B.
Geist, Gene N.
Gelb, Edward
Gelblum, Samuel
Gellman, Murry
Gellman, Paul
Gelman, Martin S.
Gelmini, Deno G.
Gelrud, Jack
Gendason, Harry B.
Geoghegan, J. R., Jr.
George, Theodore
Geraghty, James T.
Gerber, David
Gergel, Stella F.
Gerstein, Charles
Geser, Alvin N.
Getka, Joseph F.
Getka, Milton S.
Gettleman, Harry
Giampietro, Vincent
Giannetto, Paul
Gibb, Thomas Edw.
Gibbs, Hiram H.
Gibbs, Jocelyn L.
Giffen, Robert C.
Gilbert, Theodore
Gilbertson, K. G.
Gildea, William J.
Giles, Emily Julia
Gilkeson, J. G.
Giller, Morris
Gillespir, Julian M.
Gilliece, Owen J.
Ginaitis, A. S.
Ginsberg, Samuel H.
Ginsberg, Benjamin
Ginsburg, B. H.
Ginsburg, Harry
Gissel, Elmer Andrew
Gitomer, Betty
Gitomer, David J.
Gitomer, Louis
Gittleson, Ralph L.
Gladstone, Charles F.
Glaeser, Henry J., Jr.
Glascock, Arthur B.
Glaser, Abraham E.
Glaser, Louis Lester
Glashofer, Sidney
Glass, Abraham L.
Glass, Julius Albert
Glass, Larry Paul
Glass, Louis J.
Glassband, Herman
Glassner, Frank
Gleiman, Irvin J.
Gleiman, Theodore
Glenn, William A.
Glenn, Matthew
Glennan, Harry E.
Glick, Harry
Glick Henry Joseph
Glickman, Shirley M.
Glissmeyer, M H.
Glover, Douglas
Glover, Douglas D.
Gluck, Julius
Gluckstern, W. H.
Glushakow, Jacob
Goashgarian, Karekin
Goden, Stanley
Godfrey, John
Goldberg, Irving
Goldberg, Jack
Goldberg, Leonard
Goldberg, Marvin B.
Goldberg, Marvin H.
Goldberg, Alvin
Goldberg, Milton
Goldberg, Harry Joel
Goldberg, Samuel S.
Goldberg, Stanley L.
Goldberg, Victor
Golden, Leon E.
Goldfeder, Harold M.
Goldfine, Stuart H.
Golditch, Henry M.
Goldin, Harold H.
Goldman. Abram
Goldman, Benjamin
Goldman, Harold K.
Goldman, Louis C.
Goldman, Sue C.
Goldner, Ronald
Goldsmith, A. R.
Goldsmith, Chester L.
Goldsmith, Fred E.
Goldsmith, Leon
Goldsmith, Meyer
Goldstein, Albert
Goldstein, Burton J.
Goldstein, Edward
Goldstein, Eileen F.
Goldstein, Harold S.
Goldstein, Hyman
Goldstein, Isadore A.
Goldstein, Jack
Goldstein, Leon E.
Goldstein, Martin B.
Goldstein, Morris G.
Goldstein, Paul L.
Goldstein, Sam Alvin
Goldstein, Samuel W.
Goldstone, Herbert N.
Golob, Stanley Paul
Gomez, Joseph R.
Goodman, Daniel
Goodman, Howard
Goodman, Irvin
Goodman, Jerome E.
Goodman, Julius H.
Goodman, Leon
Goodman, Sylvan C.
Goodwill, Frank
Goran, Isadore
Gorban, Thomas
Gordon, Charles
Gordon, Gerald S.
Gordon, Joseph
Gordon, Jack B.
Gordon, Marvin

Gordon, Samuel
Goren, Arthur E.
Gorfine, Bernard M.
Gordy, Howard Lee
Goriup, Othmar F.
Gottdiener, Elvin E.
Gottlieb, David M.
Gould, Clarendon L.
Gould, William M.
Gower, Earl F., Jr.
Grabowski, B. F.
Gradman, Lee H.
Grafius, Melba A.
Graham, Clarence D.
Graham, John A.
Grant, Lawrence B.
Grant, Russell
Gratson, John, Jr.
Grau, Frank J.
Graves, C. R., Jr.
Gray, James Herbert
Gray, William B.
Grebow, Aaron
Grebow, Martin D.
Greco, Betty Jane H.
Greco, Salvatore J.
Green, Lyttleton S.
Green, Norman
Greenawalt, Wm. G.
Greenberg, Albert G.
Greenberg, Bertram
Greenberg, Harry
Greenberg, Harry L.
Greenberg, Harvey
Greenberg, Joseph
Greenberg, Leon
Greenberg, M. G.
Greenberg, Morton
Greenberg, Paul R.
Greenberg, R. E.
Greenberg, S. W.
Greenblatt, Elliott
Greenblatt, Max
Greene, Morton A.
Greenfeld, David D.
Greenfeld, Jacob H.
Greenfield, Charles
Greenlee, G. B., Jr.
Greenspan, Louis
Gregg, Ernest J., Jr.
Greif, Daniel
Gresser, Isidor H.
Griesmer, Lloyd P.
Griffith, A. W.
Griffith, Robert C., IV
Gregg, Thos. D.
Gregorek, Frank J.
Griggs, Walter G.
Grimm, Allen Orville
Groff, F. B.
Grogan, Francis A.
Grollman, Ellis
Grollman, Jaye J.
Gronert, Warren A.
Gross, Herbert S.
Gross, John Paul
Gross, Joseph B.
Gross, William
Grossblatt, Norman J.
Grossman, Issac Wm.
Grossman, Benj. B.
Grothaus, David B. Jr.
Grove, Donald C.
Grubb, John E.
Grubbs, L. R.
Gruz, Nathan I.
Gubinsky, Louis
Guild, Cecil E.
Gullett, David E. P.
Gumenick, Leonard
Gumm, Wilbur H., Jr.
Gump, Lyndon, J.
Gunby, Martin P.
Gunsallus, Jack Wm.
Gusman, Lawrence F.
Gutsin, Sidney
Guttman, Ronald B.
Guy, John P.
Gwiazda, Henry J.

H

Haack, Clifford W.
Haase, Charles A.
Haase, Frederick, R.
Haase, John Henry
Haaz, Alfred J.
Haberstroh, A. R.
Hack, Morris B.
Hackett, Angela Rose
Hackett, Emma
Hadley, Tom R.
Haelbig, Franz L. A.
Hafelfinger, Fred. T.
Hagan, Frank C., Jr.
Hagan, John C.
Hager, Geo. P., Jr.
Hahn, William A.
Haith, J. W., Jr.
Hall, Dwight F.
Hall, Edward T.
Hall, Frederick R.
Hall, William Walker
Haller, Harry N.
Halpern, Samuel M.
Hamback, Clifford L
Hamberg, S. T.
Hambright, Harold Theodore, Jr.
Hamer, Marion S.
Hamet, Harry
Hamet, Sydney H.
Hamill, James J.
Hamlin, K. E., Jr.
Hammar, Vincent Coy
Hancock, Herman F.
Handelman, Jos. G.
Handelman, Louis
Handelman, Mayer
Hanenbaum, Allen
Haney, Philip C.
Hankey, Lewis Carl
Hanks, C. W., Jr.
Hann, Jon T.
Hanna, William M.
Hannon, Marcella A.
Hansen, Herbert O.
Hansen, Herman F.
Hantman, Irvin
Haransky, David J.
Harbaugh, Arthur C.
Hardy, Henry C.
Hare, Clifford A., Jr.
Hargis, William J.
Harman, George B.
Harman, Richard T.
Harmatz, Irving J.
Harmon, Carl M.
Harmanson, F. J.
Harner, Joseph W.
Harnick, Gene A.
Harnish, Robt. A., Sr.
Harper. Henry M.
Harrison, Jerold
Harrison, Gordon M.
Harper, William S.
Harris, William C.
Harrison, Alice Emily
Harrison, John W.
Harrison, Philip W.
Harrison, S. A. D.
Harriss, Gridley
Hart, Jeremiah A.
Haskell, Marian
Hauer, Martin
Haugh, J. A.
Havranek, Jessie Lois
Havranek, Robert E.
Hayes, Horace B.
Hayes, W. A., Jr.
Hayes, William B.
Haymaker, Frank B.
Hayman, Albin A.

Hayman, Thomas J.
Haynes, Marvin C.
Hayward, Luther B.
Hayward, Robert R.
Head, Wm. H. Jr.
Healey, Sister Elberta
Healy, Nathan S.
Heard, J. Mercer
Heck, Leroy Savin
Hecker, David
Hecker, N. R.
Heer, Melvin L.
Heer, Wilmer J.
Heifetz, Carl Louis
Heilman, Gerald J.
Hein, Henry F.
Heinrich, William J.
Heinritz, Colen C.
Heinritz, June R.
Helgert, Ernest
Helinski, Donald R.
Heller, Joel
Heller, John Michael
Heller, Lawrence G.
Heller, William M.
Helman, Max M.
Helmsen, Charles J.
Helmsen, Edward A.
Hendelberg, Isidore J.
Henderson, C. C. T.
Henderson, Chas. W.
Henderson, Ed. H.
Henderson, James A.
Henderson, M. W.
Henderson, Robert W.
Henderson, U. K., Jr.
Hendin, Walter
Hendrix, Adlai M., Jr.
Heneson, Henry
Heneson, Irving J.
Henkel, Louis B., Jr.
Hensala, John David
Henretty, Ann Emily (Sister Mary Arthur)
Henretty, F. J.
Henry, Emmanuel
Henry, Joseph E.
Henry, Ralph A.
Hens, Leonard Louis
Hergenrather, Louis, 3rd
Herman, H. Guy
Hermon, David
Hernandez, Christine M.
Hernandez, Luis
Heritage, Harold G.
Herold, Francis X.
Herron, Charles S.
Hershman, Abram S.
Hershner, John F.
Herter, Arthur C.
Hertz, Charles L.
Hertz, Selig S.
Hertzlich, Abraham
Hertzlich, Leonard
Herwod, Hilda R.
Hesson, Charles E.
Hettleman, Milton L.
Hewing, Ada C.
Heyer, Ursula E.
Heyman, Irwin A.
Heyman, Bernard P.
Heyman, Bernice
Hickey, W. Hampton
Higger, Samuel F.
Higgins, Joseph C.
Higgon, Ellery E.
Highfield, Wm. Henry
Highkin, Sidney
Highstein, Benjamin
Highstein, Gustav
Hihn, John B., Jr.
Highkin, Manuel K.
Hileman, Emmet A.
Hilinski, Irene Leona
Hill, Eric B.
Hill, H. Phillip, Jr.
Hill, William Caulk
Hilliard, Milton E.
Hillman, Albert
Hillman, Gilbert
Hillman, Milton L.
Hillman, Sheldon J.
Hirsch, Peter
Hirschorn, Jeffrey O.
Hirschowitz, R. J.
Hirt, Joseph
Hirt, Joseph
Hixon, W. D.
Hirz, Bernard B.
Hoar, Marion Elwin
Hobensack, J. W.
Hocking, Harold J.
Hodge, William R.
Hodges, James E.
Hoff, David
Hoffeld, Henry Wm.
Hoffman, Asher
Hoffman, George E.
Hoffman, Harry
Hoffman, Harry L.
Hoffman, Howard
Hoffman, Marta
Hoffman, Sylvan A.
Holden, J. Frederick
Holen, Mitzie M.
Hollander, Sidney
Hollander, Sol
Holliday, Thomas D.
Hollingsworth, Jos.
Holmes, Everett J.
Holmes, Harold G.
Holt, Worthe S.
Holthaus, Robert W.
Holtschneider, D. W.
Homberg, Henry I.
Honkofsky, Jerome
Hood, Claude Black
Hoover, Lee F.
Hopkins, Carville B.
Hopkins, Charles H.
Hopkins, Donald
Hopkins, Harry B.
Hopkins, Howard C.
Hopkins, Murray L.
Hopkins, Ronald M.
Horn, James J.
Horn, Philip C.
Hornacek, A. T.
Horne, Peyton N.
Hornsby, Beverly K.
Hornsby, William P.
Hornung, Herman G.
Horwits, Leonard
Horwitz, Isadore
Horwitz, Lois S.
House, Joseph L.
Houser, Jacob W.
Howard, Henry
Howard, S. B.
Howell, John F.
Howison, Irene S.
Hoy, Robert G.
Huber, George H.
Huddleston, Roy C.
Hudgins, J. C.
Hudon, Joseph C. A.
Huffman, Rufus M.
Hughes, Henry W.
Hulla, Joseph J.
Hunt, Wm. H.
Hunter, Calvin L.
Hurwitz, Abraham B.
Hurwitz, Allan W.
Huston, Chas. Reese
Hutchinson, Wm. J.
Hutto, George F.
Hyman, Morton K.
Hyman, Paul

I

Ichniowski, D. A. K.
Ichniowski, Wm. M.

Imber, Doris
Imbierowicz, R. R.
Ingber, Louis William
Inghram, Fred A.
Irizarry, Ramon L.
Irving, Bruce L.
Irwin, James F.
Irwin, John P.
Isaac, Elias Jos.
Isaacson, Bernard S.
Isaacson, Charles
Isert, Charles H.
Itzoe, Andrew J.

J

Jablon, Paul A. M.
Jackson, Charles C.
Jackson, Clifford P.
Jackson, John E.
Jackson, Lonnie C. J.
Jackson, Marvin M.
Jackson, Walter V.
Jackson, William B., Jr.
Jackson, William J.
Jacobs, Corinne H.
Jacobs, Eugene
Jacobs, Harry
Jacobs, Louis
Jacobs, Mark
Jacobs, M. Neal
Jacobs, Warren H.
Jacobson, Lawrence
Jacobson, Samuel M.
Jaffe, Jonah J.
Jaffe, William E.
Jankiewicz, Alfred M.
Jankiewicz, Frank J.
Janousky, Nathan B.
Januszeski, F. J.
Japko, Albert M.
Jarosik, Emil, Jr.
Jarowski, Charles
Jarrett, W. R.
Jarvis, Charles L.
Jarvis, Harry C.
Jaslow, Marvin Ban
Jaslow, Morris M.
Jason, Lawrence
Jefferson, Elsie M.
Jenion, William R.
Jenkins, Edward
Jenkins, Milton O.
Jenkins, Robert B.
Jeppi, Elizabeth V.
Jeppi, Samuel Patrick
Jernigan, John M., Jr.
Jernigan, Lane M.
Jesina, Carl Lee
Jester, J. Willard
Jester, Wilfred R.
Jimenez, Joseph A.
Joffe, Albert
Johns, Basil P.
Johnson, Calvin E.
Johnson, Clyde G.
Johnson, Ernest Irvin
Johnson, Henry J.
Johnson, James Edw.
Johnson, James W., III
Johnson, James E.
Johnson, Jos. L.
Johnson, Jos. L., Jr.
Johnson, Kenneth B.
Johnson, Margaret E.
Johnson, Norman M.
Johnson, Orton A.
Johnson, Otis LeRoy
Johnson, Paul C.
Johnson, Ralph S.
Johnson, Warren L.
Johnson, Wm. Ray
Johnston, Rosella R.
Jones, Amos A.
Jones, Arthur Wm.
Jones, Briggs C.
Jones, Cyrus F.
Jones, Garrett S.
Jones, George A.
Jones, Harold B.
Jones, Harry Patton
Jones, Henry Alvan
Jones, H. Pryor
Jones, Howard B.
Jones, James A.
Jones, James E.
Jones, John Paul
Jones, Jos. Webster
Jones, Marvin H.
Jones, N. Howard
Jones, Paul
Jones, Philip W.
Jones, Pius H.
Jones, William B.
Jones, W. Franklin
Jongeward, Mathias
Jontiff, Henry Fred
Jordan, Charles D.
Jordan, Joseph J.
Jordan, John T.
Joseph, LaRue V.
Josephs, Louis C.
Joyce, Clarence G.
Judy, Francis L. G.
Judy, John N.
June, Carl R., Jr.
Jules, Bernard Chas.
Jung, J. G.

K

Kabik, Robert Joseph
Kadish, Aaron
Kahan, Harvey
Kahanowitz, Milton
Kahn, Leon J.
Kahn, Maurice
Kahn, Morton
Kahn, Reuben
Kairis, Eleanor M.
Kairis, John Joseph
Kairis, Nancy Emily
Kaiser, Carl Arwid
Kaiser, Joseph A.
Kalb, Francis P.
Kallelis, Theodore S.
Kallins, Edward S.
Kamanitz, Irvin L.
Kamenetz, Irvin
Kaminkow, Joseph
Kaminski, Felix H.
Kammer, Wm. H.
Kan, Perry Harlan
Kandel, Leonard E.
Kane, Joseph D.
Kanter, Abraham J.
Kantorow, Bennett R
Kantner, Leahmer M.
Kantorow, Gerald S.
Kantorski, Robert R.
Kappelman, Leroy F.
Karlin, David
Karmann, George
Karmiol, Stanley B.
Karn, Philip R.
Karns, Harold T.
Karns, Hugh H.
Karpa, Isador
Karpa, Jerome J.
Karpa, Maurice
Karr, William S.
Karwacki, S. V.
Karwacki, Frank W.
Kasik, Frank T., Jr.
Kasser, Joseph
Kasten, Karl H.
Katcoff, Harold
Katz, Albert
Katz, Benj. R.
Katz, Burton Lee
Katz, Ely Sydney
Katz, Gabriel Elliott

Katz, Herbert A.
Katz, Joseph
Katz, Morton
Katz, Morton H.
Katz, Stephen A.
Katzoff, Annette K.
Katzoff, Isaac
Kaufman, Jordan W.
Kaufman, Marion E.
Kaufman, Frank A.
Kaufman, Stanley L.
Kavanaugh, M. J.
Kay, Jack
Kaye, Harry
Kaye, Myles C.
Kaylus, Albert G.
Keagle, LeRoy Curtis
Kearfott, Clarence P.
Keehner, Raymond
Keech, Robert P.
Keefer, Hiram E.
Keenan, J. T. J.
Kehr, Erney C.
Keiter, Richard D.
Kellam, R. A.
Keller, Arvilla M.
Keller, C. V. deP., Jr.
Keller, George Riland
Keller, Thomas H., Jr.
Kellermann, W. D.
Kelley, Gordon Wm.
Kelley, Guy C.
Kellough, Chas. Irvin
Kellough, E. R., Jr.
Kellough, George W.
Kelly, Charles W.
Kelly, George Benner
Kelly, George L. M.
Kelly, Robert J.
Kelly, Thomas J.
Kelly, M. P.
Kemp, Blanche L.
Kempler, Jerold A.
Keniston, A. H., Jr.
Kenley, W. E.
Kenner, Edwin A.
Kenney, Fern E., Jr.
Kenyon, George
Kern, Joseph
Kern, Louis R., Jr.
Kerpelman, H. S.
Kerpelman, Howard
Kerpelman, Isaac E.
Kerr, Thomas H.
Kershaw, Harry
Kesmodel, Chas. R.
Kessel, Yale
Kessler, Marvin M.
Kessler, Morris L.
Kexel, LeRoy E.
Keyser, W. C. H., Jr.
Kiefer, John W.
Kiefer, Ralph S.
Kies, Thomas D.
Killeri, Anthony M.
Killpack, Don S.
Kilner, E. A.
Kimzey, Kritz J.
King, Donald Charles
King, Gerald
King, Oliver H.
King, S. C., Jr.
King, Melvin Leroy
King, William H.
King, W. P. M.
Kinkead, Chas. Wm.
Kinsey, Raymond D.
Kirk, Catherine E.
Kirsen, Abraham
Kirson, A. Robert
Kirson, Jerome
Kirson, Walter
Kistler, Stephen Bird
Kistner, Carl
Kitchin, W. Yager
Kitt, Melvin G.
Klatsky, Stanley A.
Klavens, Elmer
Klavens, Sidney R.
Kleczynski, T. C.
Klein, Benjamin F.
Klein, Howard
Klein, Solomon
Kleinbart, David J.
Kleinmann, Kurt
Klepfish, Milton A.
Klimen, Samuel E.
Kline, Bernard B.
Kline, Sidney
Kling, Herman M.
Klingaman, Claude R.
Klingelhofer, F. W.
Klioze, Earl Ephraim
Klotzman, Alfred
Klotzman, Robert H.
Knecht, Frederick
Knepper, Francis C.
Knowles, F. E.
Kobin, Benjamin
Koch, Ervin M.
Kochert, Ernest P.
Kogelschatz, J. W.
Kohlhepp, G. A., Jr.
Kokoski, Chas. J.
Kokoski, Robert J.
Kolker, Frank Milton
Koldewey, T. W.
Koller, Elmer C., Jr.
Kolman, Lester N.
Kolman, M. Alfred
Kolman, Minnie F.
Konicov, Monte
Konrad, James G.
Koon, Charles L.
Koons, George S.
Kooser, William J.
Kopcho, Michael J..
Koplin, Arthur
Korb, Katherine
Kosakowski, C. G.
Kosmin, Marvin
Kostos, Patricia P.
Kousen, Morton
Koustenis, Gust G.
Koustenis, Harry G.
Koutras, Louis Anest
Kouzel, Howard
Kouzel, Samuel I.
Krakower, Jacob
Krall, Joseph
Kram, W. P.
Kremer, Beryle Philip
Kramer, Bernard
Kramer, Jack Louis
Kramer, Leonard H.
Kramer, Morris
Kramer, Morton D.
Kramer, Samuel E.
Kramer, Stanley H.
Kramer, Max T.
Krantz, John C.
Kratz, Frank P., III
Kratz, Walter E.
Kraus, Louis H., Jr.
Kraus, Richard Ed.
Kreis, Edna E.
Krieger, Benjamin
Krieger, Max A.
Kriger, Benj. Arthur
Kronberg, Norman J.
Kronsberg, Ronald H.
Kronthal, Jacob L.
Kroopnick, Frieda R.
Kroopnick, G. D.
Kroopnick, Jennie
Kubiak, Dolores Z.
Krucoff, Maxwell A.
Krupnick, Ellis G.
Krusniewski, B. A.
Kull, Raymond C.
Kumkumian, Chas. S.
Kupfer, Alexander
Kurland, Louis J
Kursvietis, A. J.
Kushner, Meyer G.
Kushnick, Marolin C.
Kushnick, Marvin S.
Kwash, Herbert

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Lachman, Bernard B.
Lachman, Marvin M.
LaFrance, F. A.
Laken, Benjamin B.
Lamb, Lewis Joseph
Lambdin, E. C., Jr.
Lambert, Paul W.
Lambrecht, F. A.
Lambros, D. S.
Lanahan, Wm. A.
Landau, Morris
Landon, J. A.
Lane, Edward M.
Laney, Charles O.
Lang, Louis William
Lang, W. F. C.
Lange, Walter
Langer, Charles
Langdon, Frank P.
Langston Jeffie G.
Lapin, Alfred R.
Lapin, Bernard J.
Larezzo, George R
Larner, James H.
Larner, Mary S.
Larner, Max
Larrabee, Chas. Wm.
Lassahn, Norbert G.
Lassiter, John H.
Laterman, Joseph
Lathroum, Leo B., Jr.
Lathroum, R. T.
Latona, Salvator J.
Lauer, M. J.
Lauer, Stephen L.
Laufe, Harold A.
Laughlin, B. Frank
Lavin, Bernard
Lavin Sol
Lawlor, Henry Wm.
Lawrence, Charles
Lawson, Alfred Munk
Lawson, Arnold
Lawson, Robert E.
Lawson, Wilbert B.
Layden, William
Lazarick, Lillian G.
Lazarus, Leon Julius
Lazzaro, Samuel F.
Leach, Gary W.
Leaf, Ronald E.
Leatherman, A. G.
Leatherman, A.G., Jr.
Leavey, Herbert J.
Leavitt, Dean E.
LeBlanc, Theodore
Leboff, Solomon
Lebowitz, Harry
Lebson, David
Lebson, Hyman
Ledbetter, E. DeB.
Lee, Carroll B.
Lee, Claud D.
Lee, George Ernest
Lee, June Eng
Lee, Warren Walter
Leffler, W. H.
Leftin, David
LeGates, Ethel
Legg, Phillip W.
Lehnert, Ernest C.
Lehr, Clarence G.
Lehr, Robert H.
Leibowitz, Benjamin
Leibowitz, Louis
Leiderman, S. E.
Leise, David
Leites, Blanche
Lemler, Abraham A.
Lemler, Stephen M.
Lemmert, James E.
Lemons, Milton S.
Lennox, Williard J.
Leonard, Helen A.
Leonard, Michael
Leonard, Russell D.
Lerman, Philip H.
Lerner, Beryl
Lerner, Joseph H.
Lerner, Sidney I.
Levenson, Julius V.
Levenson, Marvin M.
Levenson, Sidney
Levi, Ellis
Levi, Ernest
Levi, Henry M.
Levicka, Vincent C.
Levier, Oscar H.
Levin, Arthur Irvin
Levin, Barry Elliott
Levin, Benjamin
Levin, Benjamin S.
Levin, Bernard
Levin, Bernard
Levin, Daniel M.
Levin, David
Levin, David Gerald
Levin, Evelyn Shirley
Levin, Harold Joseph
Levin, Harold Paul
Levin, Harry
Levin, Haskell
Levin, Irvin Isaac
Levin, Israel
Levin, Jacob Benny
Levin, Joseph L.
Levin, Julian Edwin
Levin, Leon E.
Levin, Leon Phillip
Levin, Max
Levin, Morton
Levin, Nathan
Levin, Norman
Levin, Norman Jack
Levin, Norman Lee
Levin, Philip
Levin, Richard L.
Levin, Sam Barry
Levin, Stanley W.
Levin, Stephen P.
Levin, Theodore
Levine, Jay E.
Levine, Jerome M.
Levine, Lester
Levine, Milton
Levine, Morris
Levine, Phillip Julian
Levins, Arnold I.
Levinson, Henry
Levinson, Monroe J.
Levinson, Paul
Levitt, Kelvin R.
Levy, Abraham M.
Levy, Bernard
Levy, David A.
Levy, Donald
Levy, Frank F.
Levy, Irving
Levy, Joseph
Levy, Leon
Levy, M. Zachary
Levy, Melvin
Lew, George Y. T.
Lewine, Donald S.
Lewis, F. Harold
Lewis, Harry C.
Lewis, T. B., Jr.
Leyko, Gregory W. A.
Libowitz, Aaron M.
Lichtenstein, Ivan I.
Lichtenstein, Harold
Lichter, George
Lichter, Raymond
Lichter, Samuel
Lichtman, Albert
Lichtman, Harry S.
Lieb, Frank J.
Lieberman, Bernard
Lieberman, L. L.
Lieberman, Paul R.
Lifschitz, Amiram
Lightner, Earl H.
Liken, Russell B.
Linahan, Charles
Lindeman, Philip D.
Lindenbaum, Albert
Lindenbaum, Louis
Lindenbaum, Morris

Liner, Milton H.
Lipkey, Nancy M.
Lippman, Morton
Lippold, Frank
Lipskey, Joseph
Lipsky, Harold H.
Lipsky, Irvin N.
Liptz, Alvin E.
Lisk, D. Clyde
Lisse, Allan
Lister, Charlotte Z.
Litman, Albert
Little, John Milton
Little, Robert S.
Little, W. R.
Litvin, Sidney B.
Lloyd, C. C.
Lloyd, F. J.
Lloyd, W. H.
Loetell, J. W., Jr.
Loftus, John
Lohmeyer, Lloyd W.
Lohr, Joel D.
London, Samuel
Long, Richard E.
Longenecker, J. K.
Looney, Ernest W.
Lottier, William I., Jr.
Lotz, Emma Grace
Lovell, Herbert E.
Low, James B.
Lowe, Carroll A.
Lowenthal, Michael H.
Lowry, Raymond J.
Lubin, Raymond A.
Luby, John P.
Luby, Jr., Thomas E.
Lubman, Nancy S.
Lubman, Ronald A.
Lucas, John J.
Lucas, Mary C.
Lucas, Samuel M.
Lucia, H. S., Jr.
Luck, William M.
Ludwig, Andrew F.
Luke, Harry L.
Luley, Charles Ed.
Lum, Max Robert
Lupin, Irwin Morton
Lupo, Francesco P.
Lusco, S. Vincent
Lutz, John G.
Lutz, Robert E.
Lutzky, Joseph
Lyden, Edward E., Jr.
Lyle, W. L.
Lykos, Nicholas C.
Lynn, Norman Bruce
Lyon, Andrew T.
Lyon, Geo. Taylor
Lyon, James H.

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MacGillivray, Gordon
Macek, Bernard F.
Macek, Frank J.
Macek, Walter P.
Maciulla, James Louis
Maciulla, S. V.
Mackey, James Q.
Mackay, Walter P.
Mackowiak, Frank J.
Mackowiak, S. C.
Macks, Ben Harold
Macks, Harry Elliott
Maczis, William J.
Magaziner, Frederick
Magid, Louis
Maggio, A. J., Jr.
Magiros, John Geo.
Maggitti, Ronald F.
Mahoney, Robert W.
Main, Clinton E.
Maisel, Joseph B.
Maisenhalder, E. C.
Malanowski, A. R.
Malanowski, B. C.
Malick, Richard W.
Mallinder, Bernard G.
Mallonee, J. J., Jr.
Malone, Wm. W.
Manchey, L. Lavan
Mandel, Howard E.
Mandelblatt, Allen E.
Mandrow, Mary Anna
Manheimer, R. B.
Manian, Albert A.
Mankin, G. T.
Mann, Ruffin N.
Mancuso, Walter E.
Manning, Marion C.
Mantley, Frank B.
Marciniak, Edw. S.
Marcus, Max
Marek, Anton Charles
Margolis, Isidore
Marinelli, Carroll P.
Markin, Edward A.
Markin, Samuel
Markley, Edward B.
Markowitz, Carl E.
Marks, Melvyn L.
Marks, Sidney I.
Marley, Benj. C., Jr.
Marlowe, Edward
Marmor, Joseph P.
Marsh, Jack C.
Marshall, Barbara I.
Marshall, Charles M.
Marshall, Eugene W.
Marshall, S. Fred
Martello, Herbert A.
Marten, George L.
Martin, Alfred Leroy
Martin, Frank G.
Martin, Richard E.
Martin, Robert J.
Martinez, Nellie E. S.
Martino, Joseph A.
Mary, Nolasco
Maschas, Constantine Nick
Maser, Louis
Massell, Aaron A.
Maseth, Earle George
Maseth, William E.
Mashkes, Morris
Mask, Jerome
Mason, John Wm.
Massing, David
Massing, E. Wolfe
Mastorides, Nicholas A.
Matchett, Jeremy A.
Matelis, Olga P.
Mathers, Audrey J.
Mathews, Emory H.
Matta, Joseph Edw.
Mattingly, Daniel J.
Mattocks, A. McL. Jr.
Mattox, William M.
May, Howard J.
Mayberry, Edgar B.
Mayer, J. L.
Mayer, Alexander M.
Mayer, Maurice V.
Mazer, Harold H.
McAllister, Benj., Jr.
McDougall, Bernard C.
McAvoy, Michael J.
McCagh, Edward T.
McCagh, F. L., Jr.
McCall, George B.
McCambridge, Joseph
McCann, Thos. J. Jr.
McCann, Walter I.
McCarthy, Daniel F.
McCarthy, John L.
McCauley, Wm. F.

McClarren, R. M.
McClerry, Claud R.
McClincy, Stanley
McCohn, Sister
McComas, J. R., Jr.
McConnell, Dufferin
McCormick, G. C.
McCoy, J. K., Jr.
McDonald, C. L.
McDonald, Thos. L.
McDougall, Bernard
McDonald, Donald E.
McDonald, Patricia K.B.
McDonnell, Patrick J.
McDuffie, George E.
McElwee, Ross S.
McGarry, Charles E.
McGinity, F. Rowland
McGraw, E. J.
McGuire, Thomas H.
McIndoe, John G.
McKellip, John
McKenna, Richard S.
McKenny, Harry J.
McKenzie, H. C.
McKew, Thomas H.
McKinley, James D., Jr.
McKirgan, John L.
McKirney, Wm. M.
McLamb, Henry T.
McLarty, David C.
McLarty, Geo. C., Jr.
McLaughlin, J. McD.
McLean, I. William
McMahon, Michael J.
McManus, Daniel A.
McMichael, James E.
McNair, Robert W.
McNally, Hugh B.
McNamara, B. P.
McNeill, Douglas W.
McNeill, Melba Lois
McShann, Mansell H.
McTeague, Charles J.
McWilliams, Lester
Meadows, Clement J.
Meadows, George W.
Meagher, Harry R.
Mears, Chase K.
Mears, Frank D.
Mears, Lee K.
Meeth, John T.
Megaw, Herschel
Meiser, Edward T.
Meisler, Jules M.
Meiss, William S.
Mellor, Benjamin, Jr.
Mendelsohn, Daniel
Mendelsohn, James F.
Mendelsohn, Max L.
Mendelsohn, Ronald E
Mendelson, Herman
Menke, M. A.
Mentis, Anthony P.
Mentzer, John R., Jr.
Mercer, Robert V.
Meresicky, Ralph J.
Mercier, M. W., Jr.
Merdinyan, E. F.
Merkel, Henry
Mermelstein, D. H.
Merritt, J. Webster
Merryman, Geo. W.
Mersky, Milton
Mersky, Morris S.
Merwitz, Stanley J.
Meserve, John Chas.
Mess Sister Mary Adamar
Messersmith, E. J.
Messina, Julius A.
Metheny, Carl Melvin
Metz, Hermann F.
Metz, Richard A., III
Mewhirter, Harry D.
Meyer, Francis J.
Meyer, Geo. W. A.
Meyer, William J.
Meyers, Albert Temin
Meyers, Irwin E.
Meyers, Jacob Sholom
Meyers, Louis Lear
Meyers, Macy Herbert
Michael, Lucus A.
Michael, Marvin E.
Michaels, Albert
Michel, John Vernon
Michell, Herman
Miden Julian I.
Mikules, Alex. H.
Milgram, Samuel
Millard, Ruth
Millenson, Irving
Miller, Abraham
Miller, Alvin
Miller, Alvin B.
Miller, Charles W.
Miller David
Miller, Edward
Miller, George A.
Miller, George P.
Miller, Harold C.
Miller, Harry
Miller, Harvey G.
Miller, Israel M.
Miller, Irving W.
Miller, Jack Wessel
Miller, John Elwin
Miller, Lawrence L.
Miller, Lewis
Miller, Manuel
Miller, Milton
Miller, Myron
Miller, Nathaniel A.
Miller, Olga Jonkus
Miller, Reuben
Miller, Richard A.
Miller, Robert B.
Miller, Solomon
Miller, T. A.
Miller, William F.
Milio, Frank R.
Milman, Harry
Millman, Philip H.
Mills, Fred W.
Mills, Howard D.
Mills, Robert S., Jr.
Minaker, Irwin
Mindell, Charles
Minder, Frederick
Miner, Richard Leo
Minster, Howard M.
Misler, Bernard
Mitchell, James
Mitchell, Joseph P.
Mirvis, Julius
Mobley, Walter B.
Modena, Charles E.
Mohr, Milton E.
Moler, Robert K.
Molli, Louis J.
Monahan, A. M. S.
Mondell, Harold D.
Monilaws, Thomas R.
Monroe, Henry C.
Monroe, Robert J.
Mooney Iole R. M.
Moore, Charles W.
Moore, G. Richard
Moore, John L.
Moore, Theodore C.
Moorehead, F. E.
Moothart, Donald L.
Moose, Gurley Davis
Moose, Walter Lee
Morales, Angel R.
Morgan, Alfred K.
Morgan, Joseph H.
Morgenroth, Hans
Morgenroth, V. H., Jr.
Morgenstern, Emma
Morgenstern, Wm. A.
Moroch, Herbert R.
Morris, Barbara M.

Morris, I. J. V.
Morris, Irving M.
Morris, Samuel
Morris, Martin H.
Morrison, Clarence H.
Morrison, W. B.
Morrison, William A.
Morstein, R. M.
Morton, John Earl
Morton, Joseph H.
Moscariello, Frank M.
Moscati, Adrian P.
Moscati, Marius A.
Mosely, Omar, H., Jr.
Moses, Benjamin B.
Moser, John, Jr.
Moskey, Thomas A. Jr.
Moss, Arnold
Moss, John H.
Mossell, Aaron A.
Moshenberg, William
Mossop, Carrie G.
Mouat, Gordon A.
Moxley, R. B.
Moyer, Walter
Moyers, C. W.
Moylan, Robert L.
Mrazek, Leo L.
Muchnick, David S.
Muehlhause, Ruth V.
Mueller, Edward L.
Muench, Genevieve J.
Muldoon, Ralph V.
Mules, Nathan C.
Mulhall, Francis J., Jr.
Mullen, Charles L.
Munzert, Harry J. F.
Munzert, L. A. G.
Mupsik, Herman M.
Murdock, Loyall Edw.
Murphy, Edwin C.
Murphy, Jerome E.
Murphy, John M.
Murphy, Marie M.
Murphy, J. Robert
Musacchio, Leo M.
Musgrave, D. E.
Musgrove, Walter G.
Musher, Arthur A.
Muskatt, Edith
Mutch, Richard John
Mutchnik, Melvin
Myerovitz, Joseph R.
Myers, Bernard
Myers, Beverly S.
Myers, Charles
Myers, Ellis B.
Myers, Irvin L.
Myers, Lyndon B.
Myers, Morton
Myers, Richard Earl
Myers, Robert I.

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Naiditch, Morton E.
Naplachowski, S. A.
Narunsky, Reuben
Nash, Donald M.
Nave, Jackson M.
Neal, Betty J. H.
Neary, Thos. F., Jr.
Needleman, Philip
Neely, Herron
Neighoff, Wilson E.
Neis, Arnold Howard
Nelson, Augustus W.
Nelson, Kenneth H.
Nelson, William G.
Nemerow, Martin W.
Nemeth-Barath, Dezso, Jr.
Neuburger, Arnold J.
Neumann, Jos. James
Neumann, Walter P.
Neumeyer, John L.
Neutze, John F.
Nevins, Matthew J., Jr.
New, John Robert
Newburger, Leonard H.
Newhouse, Stanley R.
Newman, Albert M.
Newman, David
Newman, Leon M.
Newman, Jerome
Newman, Martin D.
Niefeld, Herbert
Nierman, Robert F.
Nicolas, Peter Alex
Niss, Israel
Nitsch, Charles A.
Niznik, Paul Vincent
Nobel, Louis N.
Noel, Harriett Ruth
Noland, Charles E.
Noll, Frank Morgal
Noll, Violet B.
Nollau, Elmer W.
Norman, Herman
Norris, Earl M.
Norris, Paul Edmund
Norris, Walter B.
Northover, Edw. R.
Norton, Anna Cover
Norton, Gerald Lewis
Nosal, Pauline Ann
Nothstine, Ken. T.
Noveck, Irvin
Noveck, Morris
Noveck, Nathan
Novey, Sam
Novick, Bernard
Nowick, Sidney G.
Nunan, Sister Mary B.
Nusinow, Samuel
Nussbaum, Edw. D.

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O'Brien, John W.
O'Brien, William C.
O'Dea, James M.
Odian, Alice
O'Donnell, Francis J.
Oed, Marvin LeR.
Offutt, Clifford H.
Offutt, R. H.
Ogrinz, Alexander J., Jr.
Ogurick, Alexander
O'Hara, John James
O'Hara, John J., Jr.
Ohlendorf, Albert V.
Ohly, Robert Wayne
Okrasinski, Joseph L.
Oken, David M.
Oken, Jack
Oken, Louis E.
Oldham, Walter F.
Oleszczuk, Melvin J.
Olsan, Frank
O'Neal, John Leonard
O'Neil, Jennie A.
O'Neill, Lawrence J.
Onnen, Adolph C.
Onnen, E. F.
Orellana, Anna May
Orlind, Harry
Orloff, Milton
Orr, William Hugh
Ortt, James Bryan
Orzel, Rita Adele
Osheroff, Seymour D.
Oshry, Faga P.
Osburn, Darris M.
Oshinsky, Sol
Oster, Herbert G.
Oster, Walter F.
Ostrow, Milton
Ouellette, Philip A.
Overholt, W. F.
Owens, Bennie G.
Owens, R. Hamilton
Oxman, Meyer

P

Packett, Ryland D.
Packett, William H.

Padousis, John
Padussis, Anthony G.
Pagan-Colon, Rafael Angel
Paidakovich, M. J.
Palchak, R. J. F.
Palder, Edward L.
Palmer, J. C.
Palmer, Mathias
Palmer, Thomas R.
Palmere, Anthony M.
Panamarow, Stephen
Pang, Charles E. H.
Pannill, William E.
Pape, Harry S.
Parelhoff, Maurice I.
Papiermeister, Joseph
Parasier, Joseph
Paris, Bernard H.
Parker, Howard E.
Parker, Jas. A. I.
Parker, John G.
Parker, Laura
Parker, Muriel E. N.
Parker, Richard Dale
Parks, Isadore J.
Parlade, J. A.
Parlett, George D.
Parramore, W. VanV.
Parson, Benjamin
Pasco, Louis Edward
Pass, Isidore
Pass, Stacy
Pass, Victor Earl
Pasterfield, Wm. T.
Pate, William A.
Patlen, Irving
Patrick, Thomas Ed.
Pats, Albert
Pats, Sidney
Patterson, Walter J.
Paul, Daniel A.
Paul, Frank Ronald
Paul, Harry Jacob
Paul, Howard
Paulson, Aaron Ariel
Paulson, David
Paxson, George W.
Paxson, Robert L.
Paxton, Poague R.
Payne, Harry
Payne, Thomas M.
Pazdera, Frank J.
Pazel, Joseph P.
Pearlman, Albert
Pearlman, David
Pearlman, William L
Pearlstein, Philip
Pearrell, Ernest H.
Pearson, Sarah B.
Pearson, Silas H.
Pecarsky, Seymour
Pelovitz, Nathan G.
Pemsel, E. Robert
Pendergast, Thos. R.
Penn, Thomas M. G.
Pentz, R. L.
Perel, Max
Pertnoy, Edwin
Perzynski, Paul R.
Peskin, David
Peterka, Albert A.
Peters, Albertus B.
Peters, Charles R.
Petralia, Anthony J.
Petticord, Webster B.
Pettit, Bernard A.
Petty, Huie Wilbert
Pfaff, Virginia W.
Pfeifer, Charles M.
Pfeifer, Charles, Jr.
Pfeifer, Edward
Pfrogner, Richard L.
Phelps, R. Gorman
Phillips, Emerson C.
Picha, Frank
Pichney, Irving J.
Pickett, Benjamin F.
Pickett, John W., Jr.
Pierce, J. W.
Pierce, Linda Stucky
Pierce, Robert R.
Pierson, Clarence H.
Pietri, Margarita O.
Pigott, C. D.
Pilquist, Richard M.
Pilson, Robert A.
Pilson, Robert M., Jr.
Pilson, Robert W.
Pinerman, Jerome
Pinsky, Herman H.
Pippig, Howard A., Jr.
Piraino, Vincent J.
Pivec John James
Pivo, Robert
Plank, Donald J.
Plank, John McNeil
Plassnig, Edwin
Platt, Marvin S.
Platt, William
Pledger, Dolores M.
Plempel, Alfred C., Jr.
Plotkin, Herbert
Plotkin, Richard D.
Plotner, William C.
Plumley, R. Walter
Plummer, Robert M.
Plovsky, Nathan L.
Podoksik, Hyman B.
Poe, Crawford M.
Poffenberger, H. L.
Poggi, Gabriel J. L.
Poisal, J. W.
Poklis, Alphonse
Polin, Ralph R.
Polk, Hamilton R.
Pollekoff, Jacob
Pollekoff, Sheldon E.
Polekoff, Morris
Pollack, Howard
Pollock, William
Pollack, Melvin M.
Pollack, Morton L.
Polonsky, Murray
Poltilove, Geo. J.
Poltilove, Harvey G.
Pomerantz, L. H.
Popluder, Nathan
Poppleton, Miller J.
Porembsky, Joseph
Portney, Samuel
Porterfield, R. S.
Portoghese, P. S.
Posin, Benjamin W.
Potash, Oscar
Potler, David
Potocki, Peter Paul
Potts, Gifford L.
Potts, H. L.
Potts, James Meyer
Powell, F. Lee
Powell, Monte L.
Powers, Julian T.
Pozanek, Larry H.
Poznysz, Edward L.
Prag, Jules Benge
Pratt, Charles A.
Prensky, Bernard M.
Preston, Bern. J., Jr.
Price, Chester L.
Price, Charles P.
Price, Helen Elaine
Price, Walter C.
Prigal, Herman
Printz, Morton P.
Pristoop, Allan S.
Pritzker, Sherman D.
Prock, Glen C.
Pross, Clarence
Pross, Ferdinand, Jr.
Prostic, Albert
Prostic, Harry
Protokowicz, S. E.
Proudfoot, R. E.
Provenza, Stephen J.
Provost, F. T.
Pruce, Alfred Albert
Pruce, Irving M.

Pruckner, James G.
Pruss, Thaddeus P.
Pucklis, Frank S.
Pugatsky, David
Pumpian, Paul A.
Purdum, William A.
Purnell, Dorothy M.
Pycha, Richard J.

Q

Quarles, Ralph T.
Quasney, Emil, Jr.
Quen, Edward Marc
Quvedo, de Carlos G.

R

Raap, Irvin Leonard
Rabinowitz, I. W.
Rabinowitz, Norman
Racusin, Nathan
Raedy, John Henry
Raffel, Leon
Ragains, Fred Perry
Raichlen, Isador
Raichlen, Samuel I.
Raines, Arthur
Raksin, Irving J.
Ralph, Bernard W.
Ramos, I. del P.
Ramos, Oscar R.
Randall, Gloria D. C.
Randels, John E.
Raney, John W.
Ranfone, Charles
Rankin, Alton E.
Rankin, Billy Frank
Ransom, Gray Portis
Rapaport, G. H.
Rapier, Robert M.
Rapkin, Harvey M.
Rapoport, Leonard
Rappaport, Marvin
Raschka, Theo. Lee
Rasinsky, Milton
Raudonis, John A.
Rauschenbach, C. W.
Rausen, Joseph
Ravita, Salvatore J.
Rawe, Charles E.
Rawlins, Mildred A.C.
Raylman, Robert C.
Rayman, Harry M.
Read, Herbert A.
Reamer, Israel T.
Reamer, Sidney H.
Redmond, N. P., Jr.
Reed, C. H., Jr.
Reed, Clyde Eugene
Reed, Jackson S. R.
Reese, C. Clifford
Reese, Charles C.
Reese, Harry Eugene
Reese, Kenneth A.
Regimenti, Vincent J.
Rehbein, Louis W.
Reier, George E.
Reiner, Albert
Reiner, Frank
Reindollar, Wm. F.
Reinhardt, R. L.
Reinke, Budne C.
Reid, Hilary H.
Reir, Hilary H.
Reisch, Milton
Reisenweber, Harvey Donaldson
Reiser, Arnold J.
Reiser, Earl
Reiter, Arthur Paul
Reiter, Saul
Reitz, J. J.
Rella, Vitor M.
Rench, Victor B.
Rendel, Morris
Resnick, Elton
Resser, William Wolf
Restaino, F. A.
Rettaliata, Leo
Reynolds, A. C.
Reynolds, Bradley A.
Reynolds, C. E., Jr.
Reynolds, Ralph E.
Rezek, Geo. Jaroslav
Reznek, Paul
Rhode, John George
Rhodey, Charles L.
Ribeiro, Robert E.
Rice, Leonard M.
Rice, Howard S.
Ricedorff, Edwin M.
Rich, Frank R.
Richards, Kenneth O.
Richardson, C. G.
Richardson, C. T.
Richardson, G. A.
Richardson, David R.
Richardson, Lloyd N.
Richardson, V. M.
Richman, Emanuel
Richman, Jacob L.
Richman, Morton D.
Richman, Philip F.
Richmond, Jerome
Richmond, Sewell E.
Richmond, Wm. C.
Richter, Wm. A.
Riedel, Walter K.
Rigg, Robert Francis
Riggin, Rex
Riggs, John A.
Riley, Marie Theresa
Ringgold, B. C.
Rinker, Lemuel H., Jr.
Ripley, Albert B.
Ritchie, James R.
Ritter, Ross W., Jr.
Rizer, R. L.
Robbins, Gaythel S.
Robbins, Sam S.
Robeck, Walter H.
Robenson, Milton N.
Robert, Rafael
Robert, W. H., Jr.
Roberts, William P.
Robertson, F. W.
Robertson, W. F.
Robins, Leon Israel
Robinson, Albert J.
Robinson, Harry B.
Robinson, Joseph T.
Robinson, Maurita
Robinson, P. P.
Robinson, R. C. V.
Robinson, Robert
Robinson, S. E.
Robinson, Zoe C.
Robl, Mary J. K.
Roche, John L.
Rochester, Harry L.
Rockman, Morris
Roddick, Wilkin M.
Rodbell, Theodore E.
Rodell, Michael B.
Rodgers, Sister Scholastica
Rodman, Leon
Rodman, Morris
Rodney, George
Rodowskas, C. A.
Rodowskas, Jr., Christopher A.
Rodriguez, Francisco B. III
Roe, Thomas E.
Rofsky, Howard E.
Rogers, Harold L.
Rogers, Thomas B.
Rogers, William Earl
Rohoblt, Walter S.
Romanoff, Samuel A.
Rombro, David M.
Rooss, Robert V.
Rosario, Carlos del
Rose, Jonas

Rose, Louis
Rose, Shep K.
Rose, Wm. Wilson
Rosen, Donald Merle
Rosen, Leon
Rosen, Ronald H.
Rosen, Sam
Rosenbach, Hans J.
Rosenberg, Allen P.
Rosenberg, B. R.
Rosenberg, Irwin J.
Rosenberg, Joseph J.
Rosenberg, Leon
Rosenberg, Leonard
Rosenberg, Milton B.
Rosenberg, Morris
Rosenberg, Reuben
Rosenberg, Robert
Rosenberg, Walter S.
Rosenbloom, Jack H.
Rosenbloom, S. L.
Rosenfeld, Albert
Rosenfeld, David H
Rosenstadt, Aaron
Rosenstein, Aaron
Rosenstein, Harry B
Rosentein, Sol
Rosenthal, Alvin
Rosenthal, Bernard
Rosenthal, Emanuel
Rosenthal, H. T.
Rosenthal, Louis R.
Roslyn, John J.
Rosoff, Philip
Ross, Earl R.
Ross, James Davis
Ross, Robert W.
Ross, William A., Jr.
Rossberg, William C.
Rostov, Samuel J.
Roth, Edward B.
Roth, Louis J.
Roth, Martin
Rothberg, Louis E.
Rothman, Morris E.
Rothmel, Jacob
Rothstein, Paul
Rotter, Joseph Wm.
Rouzer, John R.
Rowens, W. Eldridge
Rowland, Mary J. B.
Rowland, N. D.
Rowlenson, John T.
Rowlenson, Wm. F.
Royce, Robert Francis
Ruben, Irwin
Ruben, William M.
Rubens, Harry M.
Rubin, Melvin N.
Rubin, Murray Alvin
Rubin, Samuel B.
Rubin, Samuel S.
Rubin, Seldon L.
Rubin, Sylvan I.
Rubinstein, Hyman S.
Ruckart, Robert T.
Ruddie, Israel M.
Rudie, Harry
Rudo, Herbert B.
Rudo, Stanton M.
Rudoff, Oscar
Rudolph, Henry S.
Rudy, Harry Robt., Jr.
Ruff, Howard
Ruff, William A.
Ruhl, Frank H.
Ruppersburger, J. J.
Rush, G. W. C.
Russ, Roger M.
Russell, J. A.
Russell, John Alex.
Russell, Richard P.
Ruth, Stephen Walter
Rutkin, Samuel

S

Sabatino, Louis T.
Sable, Louis
Sach, Abraham
Sachs, Albert
Sachs, Herbert A. L.
Sachs, Michael
Sachs, Norman R.
Sachs, Raymond
Sachs, Robert
Sachs, Sylvan L.
Sachs, Walter H.
Sacki, Kurt Leo
Sacks, Melvin
Sacks, Morris
Sacks, Paul D.
Sacks, Sidney
Sadel, David
Sadel, Jacob
Sadler, Thomas, Jr.
Sadownick, Arnold
Sadowski, Leonard J.
Safran, Sidney
Sager, Benjamin
Saks, Joseph Herman
St. Henry, Sister Mary
Saint John, M. E.
Saiontz, Marvin F.
Salmon, James F.
Salus, Arthur
Sama, Mario
Sames, Joseph H.
Sampson, A. J.
Samson, Irwin L.
Samuelson, Oscar
Sandene, Clarence L.
Sanders, Wm. E.
Sandler, Charles A.
Sandler, Solomon
Sanner, Norman R.
Sanner, Richard T.
Sanseverino, John R.
Santoni, David A.
Santoni, Daniel A.
Santoni, Henry A.
Sappe, Milton J.
Santoni, John D. H.
Sappe, Milton C.
Sapperstein, Alan E.
Sapperstein, Edw. I.
Sapperstein, Jacob J.
Sapperstein, William
Sarubin, Milton
Satisky, William M.
Satou, Marcus
Sause, Milton P.
Savage, Walter T.
Savin, Jules I.
Savitz, Melvin M.
Sawtelle, Seth S.
Sborofsky, Isadore
Scafidi, Arnauld F.
Scali, Peter Paul
Scelfo, Octavia A.
Scelsi, Joseph V.
Schaech, Dorothy F.
Schaefer, Charles A.
Schaefer, John F.
Schaefer, T. A.
Schammel, Adam J.
Schapiro, A. B.
Schapiro, Oscar M.
Schapiro, Louis
Schaumburg, N. L.
Schechter, George
Schechner, Jules
Scheffrin, R. E.
Scheinin, Benjamin
Scheinker, Wm. H.
Schenker, Norman L.
Schenker, Philip
Scher, Robert
Scherer, Charles

Scherr, Melvin G.
Scherr, Morton B.
Scherr, Norma L.
Scherr, Stanley
Schieser, David Wm.
Schiff, Harry David
Schiff, Howard R.
Schiff, Nathan
Schiller, Richard M.
Schiltneck, Fanny
Schindel, Harry E.
Schindel, Samuel L.
Schindel, Howard E.
Schindler, Ronald E.
Schireson, Henry J.
Schirman, Dr. R. J.
Schisler, Chas. H.
Schlackman, Milton
Schlaen, Mildred
Schlager, Martin
Schlaifsteyn, R.
Schlinger, Howard R.
Schlosser, Roy B.
Schmalzer, W. J., Jr.
Schmidt, August W.
Schmidt, Chas. J., Jr.
Schmidt, F. Herman
Schmidt, Jacob E.
Schmidt, E. Albert
Schmidt, Geo. M.
Schmidt, Herman
Schmidt, Samuel
Schmitt, Fred J.
Schnaper, Morton J.
Schneider, Allan M.
Schneider, Edwin J.
Schneider, Harold
Schneider, Jack
Schneider, Marvin
Schneider, Richard J.
Schneyer, Herbert D.
Schochet, Paul
Scholtz, Frank W.
Schonfeld, Gerald
Schonfeld, Paul
Schor, Leo
Schotta, Elbert Wm.
Schrader, Harry L.
Schreibstein, Chester
Schucalter, Harry B.
Schucalter, Morris E.
Schulte, C. J. A., Jr.
Schulte, Edward Lee
Schulte, Henry C.
Schultz, Lawrence M.
Schuman, Joseph M.
Schumann, Henry V.
Schumer, Donald A.
Schumm, Fred. A.
Schuster, Gerald D.
Schwartz, B. M.
Schwartz, David I.
Schwartz, George
Schwartz, Harry
Schwartz, Henry
Schwartz, Francis H.
Schwartz, J. W.
Schwartz, Jerome
Schwartz, John T. C.
Schwartz, Martin
Schwartz, Milton
Schwartz, Nathan
Schwartz, Sorell Lee
Schwartz, Theo. H.
Schwartzburt, I. L.
Schwartzman, A. H.
Schwatka, W. H., Jr.
Scigliano, John A.
Sclar, Morton J.
Scola, Joseph
Scott, Donald W.
Scott, Edward A.
Scott, Edward D.
Scott, Jennings B.
Scott, Kent W.
Sciarra, John Jack
Scott, David I.
Scoll, Lea H.
Scott, S. M., Jr.
Sealfon, Irwin I.
Seamans, Eugene A.
Sears, Edward DeF.
Sedam, Richard L.
Seechuk, William W.
Seely, Hattie May
Seff, David Joseph
Segal, Ivan G.
Segal, Julius
Segal, Sol C.
Segall, Jacob Roth
Segel, Harry
Seibert, Stanley
Seidel, Harry Louis
Seidman, Henry G.
Seidman, Sidney B.
Seigle, S. S.
Selak, John J.
Seldeen, Martin
Seldin, Isadore
Sellers, Harry H.
Seltzer, Leonard A.
Semer, Gerald M.
Sendi, Theresa Ann K
Senger, Joseph A.
Sennhenn, William
Sermuksnis, Milda I.
Serpick, David Y.
Serpick, Jacob
Settleman, Jerome
Settler, Alan Lee
Settler, Myer Martin
Seward, Mary E.
Seward, William W.
Sexton, Moses
Shackelford, H. S.
Shaffer, Frederick R.
Shaffer, E. Herbert
Shaffer, Lawrence F.
Shaffer, Harry P.
Shalita, Jack Saul
Shalowitz, Marion
Shaner, Daniel S.
Shank, Earl E.
Shannon, Donald A.
Shapiro, Albert A.
Shapiro, Henry
Shapiro, Jerome B.
Shapiro, Joseph Saul
Shapiro, Leonard Jay
Shapiro, Lionel M.
Shapiro, Max
Shargel, Leon D.
Shargel, Martin C.
Shaughnessy, Sister Zoe
Shea, Harold J.
Shea, John W.
Shear, Joseph
Shear, Morton I.
Shearer, Nancy Lee
Sheer, Lawrence
Sheetz, Randall L.
Sheftelman, David
Shein, Sidney
Shellenberger, J. H.
Sheller, Samuel J.
Shelton, Wesley N.
Shemer, Stuart
Shenker, Allan B.
Shenker, Arthur
Shenker, Morris
Shenker, Sherman H.
Shepherd, Edward C.
Shepherd, Fred. P.
Sherer, Gerald
Shermak, Philip S.
Sherman, Alan
Sherman, L. F.
Sherman, Stanley M.
Sheroff, Seymour
Sherr, Allan Robert
Sherr, Bernard Erwin
Sherr, Harold G.
Sherry, David
Shershow, Harry
Sherwood, Margaret Frances

Shestack, Robert
Shevitz, Bertram M.
Shields, Arthur P.
Shimanek, L. J.
Shimkus, Michael A.
Shipler, James P.
Shipley, Albert R.
Shipley, H. Clinton
Shirey, Ronald L.
Shoben, Gerald
Shoben, Jacob
Shochet, Irving Edw.
Shochet, Melvin
Shocket, Sidney
Shoemaker, Ross F.
Shoemaker, T. A., Jr.
Shoemaker, W. C.
Shoemaker, W. G., II
Shook, Joseph Wm.
Shoolin, Samuel
Shore, Howard L.
Showacre, Harry A.
Showalter, Claude M.
Showman, A. R.
Shpritz, Esther H.
Shpritz, Stuart
Shulman, Emanuel V.
Shulman, Joel
Shulman, Shirley S.
Shumway, M. A., Jr.
Shupe, B. F.
Shupe, J. B.
Shure, Arthur A.
Shure, Bernard G.
Shure, Irwin
Shuster, Leon Paul
Siegel, Alvin Morton
Siegel, Arnold
Siegel, Harold H.
Siegel, Harold W.
Siegel, Irving I.
Siegel, Lawrence R.
Siegel, Paul
Sienkielewski, R. B.
Sifen, Paul
Silberg, Edgar Mano
Silberg, Harvey G.
Silberman, Irving
Silberman, Joseph J.
Silbert, Andrew W.
Silen, Irvin
Silnutzer, Meyer
Silver, Benjamin J.
Silverman, Albert M.
Silverman, Herbert E.
Silverman, Irvin I.
Silverman, Jan N.
Silverman, Sidney
Silverman, Sylvan B.
Silverman, Sylvan L.
Silverstein, Bernard
Silverstein, Fred
Silverstein, Morton I.
Simmons, Harry P.
Simmons, Leslie D.
Simms, Thomas
Simon, Alder Irvin
Simon, Alvin
Simon, Melvin
Simonoff, Robert
Simonson, John W.
Simpson, Francis P.
Simpson, John F.
Sinclair, Theodore B.
Sindler, Melvyn M.
Singer, George D.
Singer, Harold B.
Singer, Isidore E.
Singer, John V.
Singewald, A. G.
Singman, Henry D.
Sinker, Robert S.
Siracusa, Frederick
Sirkis, Marvin P.
Sirota, Leo Robert
Sisco, Samuel
Sisk, Joseph F.
Sisk, Leonard C.
Skaft, William
Skiba, Michael J.
Skibinski, Emil J.
Sklar, Isidore Allen
Skloff, Myer J.
Skolaut, Milton W.
Skrickus, Joseph A.
Skruch, Walter John
Skup, David A.
Slama, Frank J.
Slay, J. B.
Slayton, Mary T.
Sloan, Harold T.
Slough, Herbert E.
Slusky, Louis B.
Small, Bessie B.
Small, Howard A.
Small, Isidore Irvin
Smith, Arthur Wesley
Smith, Bernard T.
Smith, Camie P.
Smith, Claude N.
Smith, Daniel Earl
Smith, David R.
Smith, Dennis B.
Smith, Edward
Smith, Edgar C.
Smith, George G.
Smith, George M.
Smith, Heber
Smith, Henry W.
Smith, Herbert C.
Smith, Howard T.
Smith, John Joseph
Smith, Jos. I.
Smith, Julius A.
Smith, Lewis Ayer
Smith, Martin
Smith, Maurice R.
Smith, Morton
Smith, Murray P.
Smith, Paul K.
Smith, Pierre Frank
Smith, Robert Wells
Smith, Raymond H.
Smith, Rudolph, Jr.
Smith, Sanford D.
Smith, Theodore S.
Smith, Thomas S.
Smith, W. Harry, Jr.
Smith, William E.
Smith, William H.
Smith, William W.
Smithers, Norman R.
Smithers, Thomas J.
Smulevitz, Irving
Smulovitz, David
Smulovitz, Sidney
Smyth, John B.
Snavely, R. W.
Snell, Tom J.
Snellinger, J. E.
Sniadowski, A. J.
Snively, Fred H.
Snyder, Erwin C.
Snyder, Jerome
Snyder, Larry Albert
Snyder, Nathan
Snyder, Nathan M.
Snyder, Paul Jay
Snyder, Robert Ed.
Snyder, William T.
Sobczak, Valentine R.
Sober, Julian N.
Sober, Norman
Soladar, Augusta L.
Sollod, Aaron Charles
Sollod, Herbert S.
Sollod, Joseph A.
Sollod, Melvin J.
Sollod, Sylvan J.
Solomon, Sam
Solomon, Simon
Solomon, S. Samuel
Solomon, Sylvan E.
Solsky, Robert M.
Somerlatt, Virginia G.
Somers, Grover S.

Sommer, Werner J.
Sopher, Martin J.
Sophocleus, G. J.
Sophocleus, Theodore J.
Sosnoski, Walter J.
Sosnowik, Lewis
Sowell, Sam
Sowbel, Irving
Sowbel, Philip
Soyles, James S.
Spahn, J. A., Jr.
Spain, Sister Lydia
Spak, Allen
Spangler, Kenneth G.
Spano, Arthur N.
Speaker, Tully J. J.
Spear, Murray C.
Spearbeck, Edward D.
Spellman, Sister Mary Rita
Spence, Clarence G.
Sperandeo Frank J.
Spicer, O. W.
Spiegelman, Robt. W.
Spigelmire, C. E.
Spike, Sidney
Spittel, Robert John
Spittle, Elmer
Sprague, Victor Hugo
Sprecht, Charles E.
Springer, Lewis Rex
Sprowls, Winfield S.
Sprucebank, Roy A.
Stafford, Earle A.
Stahl, Charles W.
Stahl, Willam M.
Stahlhut Carl W.
Staley, Clifton B.
Staller, Abraham
Stam, Lillian R.
Stambosky, Louis
Stancill, George W.
Standiford, Isaac W.
Stank, Janice P.
Stank, Kenneth E.
Stark, Alvin
Stark, John Walter
Starr, Harvey
Statter, Irvin Barry
Stattner, Milton
Staub, Brown Chas.
Stauffer, Howard C.
Stavely, Roy S., Sr.
Steel, Harold
Steele, Frank John
Steele, Wm. Richard
Stecher, Joseph L.
Steffe, John W.
Stehl, J. V.
Stein, Martin E.
Stein, Milton R.
Stein, Norman A.
Steinberg, Bernard
Steinberg, Louis
Steinberg, Oscar H.
Steinberg, Sherman
Steiner, Albert
Steinhardt, Abraham
Steinhilber, Richard
Stem, Albert W.
Stempel, Edward
Sterling, A. L.
Sterling, Elmer W.
Stern, Albert W.
Sterner, Paul E., Jr.
Stetson, Ross C.
Steuerman, Emanuel
Stevens, S. E
Stewart, Milton E.
Stewart, Ralph B.
Stewart, Samuel H.
Stichel, William
Stichman, Solomon
Stidger, Hugh
Stiekman, Robert B.
Stierer, Raymond L.
Stiffman, George J.
Stiffman, Jerome A.
Stillwagon, Larmar J.
Stimek, Joseph A.
Stine, Harry
Stokes, Edward V.
Stokosa, Milton J.
Stolberg, Edward B.
Stoler, Myer
Stombler, C. R.
Stone, Harry
Stone, Joseph J.
Stone, S. W.
Storm, Norman F.
Stotlemeyer, Chas. K.
Stotler, Robert P.
Stouffer, Harvey V.
Stout, Warren E.
Straight, Fred S.
Strasburger, Melville
Strasburger, Wm. R.
Stratmann, George M. C.
Strauch, John J.
Strauch, Joseph
Strauss, Austin
Strauss, Bernard H.
Strauss, Leo
Strauss, Leon
Streett Edmund O.
Streett, Mechem E.
Strevig, John Alfred
Stribler, J. H.
Striner, Benjamin
Strite, W. E.
Strudwick, Pricilla P.
Struntz, James P.
Stutt, J. Harry
Sudler, Charles C.
Sudler, Foster
Sugar, Harold S.
Sugar, Victor J.
Sugarman, Henry
Sulewski, B. A.
Sullivan, Clarence B.
Sullivan, Daniel S.
Sullivan, Fred G.
Sullivan, Howard D.
Sullivan, William F.
Sullivan, William J.
Sultan, Walter E.
Sumrall, James Coy
Sunshine, Abraham J.
Surell, Howard S.
Surratt J. Harry
Survil, Anthony A.
Susel, Benjamin E.
Sussman, Bernard
Sussman, Hyman J.
Sussman, Sidney
Suter, Thomas J.
Suto, Frank Jacob
Svec, Robert Joseph
Swain, Clyde C.
Swain, Wilson B.
Swartz, Charles J.
Swartz, Harold A.
Swartz, Irving E.
Swiss, Nancy Lee
Swiss, F. L.
Symons, Julius
Syracuse, Samuel F.

T

Tabak, William
Tabler, C. W.
Taetle, Herman I.
Taich, Louis
Tam, Clement W. S.
Tamberino, Frank J.
Taransky, Allen A.
Tarantino, John Thos.
Tate, Joseph McCall
Tattar, Leon Lee
Taylor, Gary Louis
Taylor, Joseph S.
Taylor, Nancy L. G.
Taylor, R. W. W.
Tague, Mary J. (Sister John Elizabeth)

Tee, Harry C., Jr.
Telasha, Donald A.
Tenberg, David Paul
Teramani, J. A.
Terrell, Alexander A.
Tesman, Jacob
Thal, Johann M.
Thayer, Franklin E.
Thayer, H. T.
Theodore, R. M.
Thieme, G. C.
Thiess, Robert E.
Thomas, Charles E.
Thomas, Frank J., Jr.
Thomas, George R.
Thomas, George S.
Thomas, John R.
Thomas, Oscar B.
Thomas, Robert Willis, Jr.
Thomas Sara S.
Thome, Charles C.
Thorne, Charles F.
Thrall, Ralph B.
Thompson, J. West
Thompson, Joseph E.
Thompson, Paul H.
Thompson, Robert E.
Thompson, Wm. P.
Thorne, Jean Musey
Thornton, Henry L.
Thornton, William H.
Thorp, Clare Faye
Thron, Edward, Jr.
Tillery, John Wm.
Timmons, W. D., Jr
Tinelli, Vito, Jr.
Tingle M. W.
Tinney, Francis J.
Tipton, Frank B.
Title, Irwin
Titlow, H. B.
Titus, Sister Mary I.
Tober, Theodore W.
Tobias, I. Herbert
Todd, Harvey E.
Todd John C.
Todd, Robert Cecil
Toelle, Milton F.
Tokar, Elliot Sanford
Tolson, Bert D.
Tompa, Dolores F.
Tompakov Sylvan
Tomsko, Robert F.
Toole, Frank Leo
Topakas, George A.
Topchik, Howard
Tountas, Chris Peter
Tourkin, David
Traband, M. T., Jr.
Trachtenberg, Doris
Trageser, Jacqueline
Tralins, Julius Jos.
Tramer, Arnold
Tregoe, Charles H.
Tremaine, Stanley A.
Tremaine, Warren L.
Tristani, Ettore M., Jr.
Toronto, Nicholas A.
Treichel, Thomas K.
Tritle, Richard R.
Tronwood, Thos. G.
Troxel, J. G.
Troxell, Will F.
Truitt J. Gordon
Truitt, James W., Jr.
Truitt, Charles R.
Trull, Alfred C.
Truxton, Charles O.
Trygstad, Vernon O.
Tucker, Alexander
Tucker, William W.
Tumas, John
Turlington, R. A.
Turner, A. F., Jr.
Turner, Zachariah III
Turpin, H. J.
Twigg, Theodore K.
Tyerell, M. R.
Tyler, John Paul

U

Uhler, Gerard M.
Ulan, Martin S.
Ullman, Donald A.
Ullman, Kenneth C.
Undang, Arnold
Urlock, John P., Jr.
Urspruch, William G.

V

Van Allan, Peter
Vandervort, Patricia
Van Duzer, Roberta
Vansant, Bayard
Van Slyke, Amos R.
Vasper, David Robert
Veasey, John
Vehrencamp, E. L.
Veith, Sally E.
Velinsky, Sylvia Lois
Venick, Marvin L
Verchik, John Wm.
Vezina, Armand B.
Vicino, Dominic J.
Vidal, Manuel J.
Vilkas, Leo J.
Vinson R. B.
Visel, C. G.
Vodenos, Philip N.
Volkman, Maurice M.
Volpe, William J.
Vogel, George
Vojik, Edward C.
Vondracek, John W.
Voshell, William F.
Voshell, William Jr.
Voxakis, George C.

W

Wachsman, Irvin L.
Waddell, Samuel J.
Wagenheim, Zelick
Waggoner, Edgar G.
Wagman, Barlow J.
Wagman, Mishel H.
Wagner, Betty G.
Wagner, Fred. H. J.
Wagner, George W.
Wagner, Herbert C.
Wagner, Karl G.
Wagner, Charles H.
Wagner, Phyllis H.
Wagner, Raphael H.
Wailes, Henry S.
Wainger, Edward
Waitsman, Earl S.
Walb, Winfield A.
Walb, Winfield S.
Walch, Edward E.
Wald, Sheldon G.
Walden, Robert W.
Waldsachs, Joseph J.
Waldman, Alvin M.
Waldman Jacob
Walker, Alfred
Walker, C. H.
Walker, Carl Samuel
Walker, Paul A.
Walker, R. H.
Walkling, Walter D.
Wallace, Joseph T.
Waller, Irvin Robert
Waller, William J.
Wallis, Henry Hill
Wallis, Walter
Walman, Morris
Walsh Richard J.
Waltemeyer, J. T.
Walter, James B., Jr.
Walter Norman W.
Walton, Tracy McC.
Walts, David Y.
Waltz, Bradley H.
Walzer, Adolph
Waltzinger, A. F., Jr.
Wankel, Richard A.
Waples, Wm. Ewing
Ward, Francis X.

Ward, Michael J.
Ward, Stark
Warfield, Albert H.
Warfield, S. Roland
Warfield, Harry N.
Wargell, Walter F.
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Warren, Daniel A.
Warren, Jerome B.
Warren, J. Noble
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Wasserman, Louis W.
Waterman, H. E.
Waterman, R. H.
Waters, Charles C.
Waters, Joseph Thos.
Watkins, J. W.
Watkowski, Milton R.
Watts, C. C.
Watts, Edward N.
Watts, Howard C.
Waxman, Milton M.
Way, J. Louis
Weaver, Beverly A.
Weaver, Frank H.
Weaver, Warren E.
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Webster, Thomas C.
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Weinberg, Myron S.
Weinberg, Sydney G.
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Weiner, Bernard
Weiner, David
Weiner, Leon
Weiner, Martin
Weiner, Morton H.
Weiner, Phillip P.
Weiner, Solomon
Weiner, William
Weingarten, J. H.
Weinshenker, A.
Weinstein, Daniel D.
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Weinstein, Michael L.
Weisberg, Ruth R.
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Weiss, Robert
Welch, Louis J. F.
Welland, Arthur I.
Wells, Henry C.
Wells, John S.
Welsh, James J., Jr.
Weltner, William
Wenschhof, Donald E.
Werley, LeRoy D., Jr.
Wertheimer, Samuel
Wesley, Maris P.
Wesolowski, Frank J.
West, Charles C.
West, Fred Ralph
West, Henry A.
West, Erasmus
Wetchler, Solomon
Whaley, Thomas M.
Wharton, John C.
Wharton, Thomas P.
Wharton, Zodak P.
Whayland, Sewell H.
Wheeler, Ann W.
Wheeler, John E., III
Whise, Kenneth J.
White, Bernard N.
White, G. W.
White, Geo. Spencer
White, E. Riall, Jr.
White, Kermit D.
White, Luther
White, Marilyn J. W.
White, Pinkney M.
White, Thomas N.
Whitefield, James M.
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Whiteley, William S.
Whitesell, Elwood E.
Whitesell, Reese E.
Whiteside, Wm. B.
Whitiker, C. Irwin
Whitley, L. B.
Whittaker, E. W.
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Wich, Carlton E.
Wich, Henry E.
Wich, J. Carlton
Wickham, John J.
Wiederkehr, Martin
Wiener, Maurice
Wienner, Herbert
Wight, F. L., Jr.
Wilder, Earle M.
Wildsmith, Thos. H.
Wiley, Robert Allen
Wilhelm, Clarence W
Wilkens, J. H.
Wilkerson, Albert R.
Willard, Jester J.
Wille, Harry R.
Willer, Rose P.
Williams, Alfred S.
Williams Arza G.
Williams, Clyde G.
Williams, Edward B.
Williams, William O.
Williamson, E. L.
Williamson, Richard J.
Willis, Henry N.
Willke, Herbert H.
Wilson, Edward M.
Wilson, Franklin D.
Wilson, John Jacob
Wilson, John W.
Wilson, Joseph A.
Wilson, Sister M. Joan of Arc
Wilson, Ulmer
Wilson, W. M., Jr.
Wilson, W. W.
Wilson, Walter W.
Wilson, Wilfrid A. N.
Winakur, Arthur
Winakur, Stuart
Windsor, Lester D.
Winger, David Z.
Winger, Effie V.
Winkleman, Leonard Louis
Winkler, William H.
Winn, Solomon
Winslow, Edwards F.
Winstead, Oliver P.
Winter, Samuel
Winternitz, R. F.
Wirth, Ferdinand F. Jr.
Wishner, Arnold B.
Withers, James B.
Witt, Richard L.
Wittik, Jerome S.
Witzel, John F.
Witzke, Carl H.
Witzke, Louis Henry
Wlodkowski, E. M. J.
Wode, Alvin E. W.
Woehner, Walter A.
Wojcik, Frank R.
Wolf, G. Ernest
Wolf, Nathan
Wolf, Robert F.
Wolfe, Eddie
Wolfe, J. Albert
Wolfe, James J.
Wolfe, Morris
Wolfe, W. H
Wolff, Donald W.
Wolford, Keith H.
Wolfovitz, Martin I.

Wolfovitz, Sam
Wolinsky, Leon H.
Wollman, Joseph I.
Wolpert, Arthur
Wolsiewick, R. F.
Wood, Marguerite L.
Woltman, Enos Fred
Wong, Margaret
Wong, Ronald J.
Woodman,
Harrison Payne
Woods, Dennis S.
Woodward, J. S., Jr.
Woolford, Elmer B.
Wooten, R. O.
Worden, Lloyd G.
Worrall, Fred. W.
Wright, Fred N.
Wright, Henry D.
Wright, John H.
Wright, Joseph
Wright, L. R.
Wright, Myron J.
Wright, Thomas G.
Wright, L. B., III
Wright, Lawrence M.
Wroth, Emory S.
Wyatt Blanche B.
Wylie, H. Boyd, Jr.

Y

Yager, Frank
Yaffe, Morris Robert
Yaffe, Samuel S.
Yaffe, Stanley J.
Yankeloff, Louis G.
Yarmosky, Jack J.
Yaros, Rudolph R.
Yee, Susan
Yevzeroff, Benjamin
Yevzeroff, David A.
Yevzeroff, J. E.
Yingling, Gary L.
Yohn, Charles R.
Yospa, Irvin
Yost, Frederick
Youch, Charles A.
Young, Charles L.
Young, Donald Roy
Young, George I, Jr.
Young, James M.
Young, Paul Roscoe
Young, Ralph Victor
Yousem, Jonas J.
Yuscavage, Wm. J.

Z

Zajac, Walter C.
Zaleski, Raymond A.
Zalevsky, Sidney M.
Zalucky, Theodore B.
Zambello, James
Zamecki, Robert J.
Zappulla, Santo A.
Zaretsky, Robert B.
Zarych, Joseph F.
Zeigler, Gervis B.
Zeller, Chas. B. Boyle
Zenitz, Barnard L.
Zentz, Milton
Zerwitz, Warren G.
Zetlin, Henry
Zerofsky, Frank
Zerofsky, Harold
Zervitz, Max M.
Zerwitz, Irving F.
Zerwitz, Sidney
Zeytoonian, Carl L.
Ziegler, Charles L.
Ziegler, John H.
Zilber, S. Nathan
Zimmer, David J.
Zimmer, Reid A.
Zimmerman, E. R.
Zimmerman, E. F.
Zimmerman, L. M.
Zimmerman, T. E.
Zimnoch, Francis X.
Zinberg, Milton M.
Zink, William P.
Zolenas, A. J., Jr.
Zuchowski, Victor L.
Zucker, Paul
Zukerberg, Morris
Zulty, Joan H.
Zvares Simon

REGISTERED ASSISTANT PHARMACISTS IN MARYLAND

The following list of Assistant Registered Pharmacists is furnished by and with the authority of the Maryland Board of Pharmacy, and every care has been taken to make the list accurate in every detail. However, should any errors be noted, please notify the Secretary of the Maryland Board of Pharmacy, 301 West Preston Street, Baltimore, Maryland.

A

Adalman, Philip
Adams, E. Raymond
Albert, Arleigh H.
Amberg, Richard O.
Anderson, W. A

B

Baker, Harry B.
Baker, James I.
Balmert, Frank C.
Barr, William W.
Barrett, Francis O.
Barrow, Edward W.
Bell, Elizabeth A.
Bercowitz, B. J.
Bere, J. G.
Bernstein, Joseph
Biggs, Eldridge F.
Blatt, Henry
Blizzard, Ella M.
Boone, Wiley James
Bowmeyer, Alvin S.
Brandenburg, L. R.
Briele, August Kern
Brille, F. R.
Brooks, Homer C.
Brown, Emma H.
Brown, William
Bryan, Arthur H.
Buffington, Mrs. M.E.
Burton, Perry P.

C

Caldwell, Gerald E.
Caplan, Abraham
Carter, Clarence L.
Chaires, Clifton M.
Cherry, John M.
Christ, Edwin L.
Christopher, H. B.
Cizek, George
Clarke, Hugh V.
Cohen, Morris G.
Collenberg, Girdwood
Colona, Clarence J.
Colston, Benjamin A
Copes, James
Corbett, E. S.
Cotter, Edward F.
Councell, E. W.
Crammer, D. Preston
Crowther, Aloha H.
Cutchin, William M.

D

Davis, Edward Mann
Davis, Robert G.
Dayhoff, Edward B.
Deal, Justin
Deiter, Louis V.
Dentelhauser, L. T.
Derry, John W.
Dickinson, Frank M.
Diggs, Paul A.
Dougherty, Carl E.
Dryden, William H.

E

Easton, Maurice C.
Edwards, Gustav A.
Eichner, George W.
Eselhorst, Albert R.

F

Fearson, E. T.
Fehler, Charles E.
Fehler, John F.
Feitelberg, Samuel L.
Fields, William A.
Fiske, Christian
Flack, Herbert L.
Flounders, Mark E.
Flynn, Paul Francis
Forein, Belle
Forsythe, William F.
Fox, Lester
Fox, William R.
Frazier, Henderson S.
Full, R. F.
Funk, John W.

G

Gilmer, Franklin S.
Glantz, Hiram A.
Glick, S. Shipley
Goldman, Samuel M.
Green, William F.
Grote, Francis C. E.

H

Hague, Aldred E.
Habliston, Charles C.
Harley, John V.
Hassen, John E.
Heise, John E.
Heise, Fred H.
Herman, Mrs. H. G.
Hicks, F. I.
Hinton, George H.
Hipsley, Oscar
Holloway, M. A.
Hood, Thomas E.
Hope, John W.
Hopkins, Annie M.
Horn, Amanda I.
Hughes, Harry C.
Hughes, Ephraim G.
Humphreys, Wm. G.
Humphreys, W. B.
Hunter, Livingston O.
Hurd, A. E. S.

I

Ichniowski, Casimer T.
Ireland, Philip B.

J

Jester, Henry F.
Jones, Albert B.
Jones, Howard Wm.
Jones Paul C.

K

Kahn, Edmund
Kammerer, Wm. H.
Keenan, Robert
Keenan, Walter S.
Keller, J. E.
Kinner, Harold C.
Kirby, Robert M.
Klepper, Charles F.
Klink, John C.

Kolb, Edwin
Kolb, Walter R.
Kremer, Isaac
Kress, Milton B.

L

Lambden, Francis A.
Lankford, Henry M.
Lautenbach, F., Jr.
Lautenbach, Geo. W.
Leary, Anna W.
Leberman, S. K. L.
Lee, Russell E.
Leiva, Carlos E.
Lemke, William F.
Lennan, Samuel C.
Levin, Milton
Lewisson, Harry
Lilly, W. I.
Lingo, Robert W.
Litsinger, Vernon L.
Lloyd, George A.
Lytle, E. C.

M

McClenny, Dick C.
McCormick, Arthur F.
McDonald, Joseph F.
McKay, Wm. Kenny
McKenna, W. C.
Mace, W. S.
Machin, Frank H.
Main, Clarence Z.
Marek, Charles D.
Marley, John V.
Martz, Wm. E.
Matthew, W. S.
Mayer, Fred
Mayers, Harry J.
Meck, Charles H.
Meredith, Charles L.
Meyers, George
Michael, V. B.
Michael, M. Harlan
Mikules, Cordelia L.
Millet, Joseph
Minchewer, W. H.
Moore, Sarah S.
Morgan, Walter L.
Mullikin, John F.
Mund, Maxwell H.
Murphey, Joseph A.

N

Newman, George L.
Newmeyer, Alvin S.
Norton, John C.
Nusbaum, Clement I.

O

Otto, Harry C.

P

Parker, George H.
Payntel, Clara S. M.
Petts, George E., Jr.
Pharr, D. C.
Phillips, Benton S.
Phillips, Edwin J.
Porterfield, Milton P.
Powers, John W.
Powers, James W.
Pressler, W. H.
Price, Roscoe D.
Proctor, S. Howard

Q

Quinn, Egbert L.
Quinn, J. Louis

R

Raiva, Philip
Ramsay, Thomas L.
Rauck, Arthur E.
Rauth, John Wm
Raynor, Clark S.
Reckitt, Charles E.
Renanhan, John L.
Riff, Charles
Ritch, Thomas W.
Robinson, H. M., Jr.
Robinson, James
Rowe, Grace E.
Rubin, Mortimer M.
Rudo, Nathan
Ruhl, Emma
Russel, W. M.

S

Sacks, Milton S.
Sanders, Albert J.
Sauer, Mary Louisa
Saunders, Thomas S.
Schnabel, William T.
Schochet, George
Schulte, August W.
Schwartz, Daniel J.
Scott, Virginia P.
Sears, Florence
Sharrett, George O.
Sheman, George P.
Shipley, Samuel H.
Shivers, M. L.
Skilman, L. G.
Smith, J. Moseley
Smith, Leroy A.
Sprague, Lewis H.
Stacey, T. E., Jr.
Staling, J. C.
Stanward, M. Benton
Stevenson, W. H.
Stimmer, Richard E.
Stiner, Wilbur C.
Stouffer, Clyde R.
Stouffer, Rankin
Strause, Geo. Alvin
Suter, Louis A.

T

Talbott, D. Russell
Taylor, James Alfred
Thomas, George W.
Thome, E. Reynolds
Thompson, Jerome J.
Thompson, Oma M.
Thomson, J. A.
Todd, Arch McA.
Totz, Hammond
Toulson, Hattie I.
Toy, Arthur T.
Trail, Edith I.
Trainor, William J.
Trattner, James N.
Troxel, Effie M.

V

Von Helms, Ernest
Vosatka, John

W

Walch, William F.
Walter, J. W.
Waltham, Alan P.
Walton, H. Webster
Ward, Harry E.
Watts, S. Tarlton
Weaver, Harry C., Jr.
Weaver, Lincoln R.
Weller, Argie G.
Weller, Charles G.
Weller, Harry
White, Earle C.
White, Robert C.
Wiggers, Clarence H.
Wiernik, Clarence
Williams, Amos C.
Williams, C. D.
Wilson, Joseph O.
Wolf, Alan G.
Woodward, C. P.
Wrenick, Clarence
Wright, Edna Kirk
Wright, Loretto
Wright, Walter T.

Y

Young, H. W.

Z

Zacharias, Edwin

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1889—M. L. Byers
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1894—John F. Hancock
1895—Henry J. Hynson
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1898—Robert S. McKinney
1899—A. R. L. Dohme
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1902—J. Webb Foster
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1908—W. M. Fouch
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1924—W. K. Edwards
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1927—Harry R. Rudy
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1929—Geo. W. Colborn, Jr.
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1931—Wm. B. Spire
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1934—Andrew F. Ludwig
1935—Harry W. Matheney
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1937—Robert L. Swain
1938—A. A. M. Dewing
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1943—Frank L. Black
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1952—Manuel B. Wagner
1953—Otto W. Muelhause
1954—Lester R. Martin
1955—Hyman Davidov
1956—Frank J. Macek
1957—George M. Schmidt
1958—Frank Block
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1960—Harold M. Goldfeder
1961—Norman J. Levin
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1963—William A. Cooley

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1902—M. A. Toulson
1903—Owen C. Smith

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1914—G. A. Bunting
1915—Thomas M. Williamson
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1917—W. H. Clarke
1918—D. R. Millard
1919—G. E. Pearce
1920—R. E. L. Williamson
1921—E. Riall White
1922—C. L. Meyer
1923—W. K. Edwards
1924-25—H. A. B. Dunning
1926—H. R. Rudy
1927—Howell W. Allen
1928—George W. Colborn, Jr.
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1930—W. B. Spire
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1932—L. V. Johnson
1933—Andrew F. Ludwig
1934—Harry W. Matheney
1935—Melville Strasburger
1936-1937—A. A. M. Dewing
1938—A. N. Hewing
1939—Lloyd N. Richardson
1940—T. E. Ragland
1941—Elmer W. Sterling
1942—Frank L. Black
1943—Ralph C. Dudrow
1944—Harry S. Harrison
1945—Albin A. Hayman
1946—Charles S. Austin, Jr.
1947—M. J. Fitzsimmons
1948—Nelson G. Diener
1949—Howard L. Gordy
1950—William E. Waples
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1952—Otto W. Muehlhause
1953—Lester R. Martin
1954—Hyman Davidov
1955—Frank J. Macek
1956—George M. Schmidt
1957—Frank Block
1958—Gordon A. Mouat
1959—Harold M. Goldfeder
1960—Norman J. Levin
1961—Victor H. Morgenroth, Jr.
1962—William A. Cooley
1963—Solomon Weiner

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1890—D. C. Aughinbaugh
1891—F. A. Harrison
1892—J. Fuller Frames
1894—C. B. Henkel, M. D.
1895—George E. Pearce
1896—Steiner Schley
1897—Louis Schulze
1898—Eugene Worthington
1899—John M. Weisel
1900—J. F. Leary
1901—E. T. Reynolds
1902—W. J. Elderdice
1903—Alfred Lapouraille
1904—H. L. Troxel
1905—J. J. Barnett
1906—Alfred Lapouraille
1907—W. C. Carson, M. D.
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1909—W. G. Lowry, Jr.
1910—R. E. L. Williamson
1911—J. D. Stotlemeyer
1912—Henry Howard
1913—Geo. A. Bunting
1914—Henry Howard
1915—Eugene W. Hodson
1916—C. K. Stotlemeyer
1917—D. R. Millard
1918—G. E. Pearce
1919—R. E. L. Williamson
1920-21—J. W. Westcott
1922—W. K. Edwards
1923—H. A. B. Dunning
1924—S. Y. Harris
1925—L. L. Kimes
1926—Howell W. Allen
1927—Geo. W. Colborn, Jr.
1928—L. S. Williams
1929—Wm. B. Spire
1930—L. M. Kantner
1931—L. V. Johnson
1932—A. F. Ludwig
1933—Harry W. Matheney
1934—Melville Strasburger
1935—A. A. M. Dewing
1936-37—A. N. Hewing

Second Vice-President

(Continued)

1938—Lloyd N. Richardson
1939—T. E. Ragland
1940—E. W. Sterling
1941—Frank L. Black
1942—Ralph C. Dudrow
1943—Harry S. Harrison
1944—Albin A. Hayman
1945—Charles S. Austin, Jr.
1946—M. J. Fitzsimmons
1947—Nelson G. Diener
1948—Howard L. Gordy
1949—William E. Waples
1950—Manuel B. Wagner
1951—Arthur C. Harbaugh
1952—Lester R. Martin
1953—Hyman Davidov
1954—Frank J. Macek
1955—George J. Schmidt
1956—Frank Block
1957—Gordon A. Mouat
1958—Harold M. Goldfeder
1959—Norman J. Levin
1960—Victor H. Morgenroth, Jr.
1961—William A. Cooley
1962—Solomon Weiner
1963—Alexander J. Ogrinz, Jr.

Third Vice-Presidents

1883—Hugh Duffy
1884—Levin D. Collier
1885—T. W. Smith
1886—J. Walter Hodges
1887—Henry A. Elliott
1888—John Briscoe, M. D.
1889—E. M. Foreman
1890—J. F. Hancock
1891—J. E. Henry
1892—C. B. Henkel, M. D.
1894—George E. Pearce
1895—J. W. Smith
1896—Thomas H. Jenkins
1897—A. Eugene DeReeves
1898—C. C. Ward, M. D.
1899—C. H. Michael
1900—W. E. Brown
1901—O. G. Schuman
1902—W. R. Jester
1903—Henry Howard
1904—Wm. D. Campbell
1905—W. S. Carson, M. D.
1906—A. J. Keating
1907—J. D. Stotlemeyer
1908—H. R. Rudy
1909—E. Riall White
1910—J. P. Keating
1911—W. M. Carson, M. D.
1912—John G. McIndoe
1913—W. H. Clarke
1914—E. W. Hodson
1915—C. K. Stotlemeyer
1916—John I. Kelly
1917—G. E. Pearce
1918—R. E. L. Williamson
1919—J. W. Dorman
1920-21—W. K. Edwards
1922—H. A. B. Dunning
1923—J. H. Farlow
1924—A. C. Lewis
1925—A. N. Hewing
1926—G. W. Colborn, Jr.
1927—L. S. Williams
1928—Wm. B. Spire
1929—L. M. Kantner
1930—L. V. Johnson
1931—A. F. Ludwig
1932—Chas. D. Routzahn
1933—Melville Strasburger
1934—A. A. M. Dewing
1935—A. N. Hewing
1936-1937—Lloyd N. Richardson
1938—T. E. Ragland
1939—Elmer W. Sterling
1940—Frank L. Black
1941—Ralph C. Dudrow
1942—Harry S. Harrison
1943—Frederick B. Eason
1944—Charles S. Austin, Jr.
1945—Milton J. Fitzsimmons
1946—Nelson G. Diener
1947—Howard L. Gordy
1948—William E. Waples
1949—Manuel B. Wagner
1950—Arthur C. Harbaugh
1951—Otto W. Muehlhause
1952—Hyman Davidov
1953—Frank J. Macek
1954—George M. Schmidt
1955—Frank Block
1956—Gordon A. Mouat
1957—Harold M. Goldfeder
1958—Norman J. Levin
1959—Victor H. Morgenroth, Jr.
1960—William A. Cooley
1961—Solomon Werner
1962—Alexander J. Ogrinz, Jr.
1963—Morris R. Yaffee

Fourth Vice President

1960—Solomon Weiner
1961—Alexander J. Ogrinz, Jr.
1962—Morris R. Yaffe
1963—Milton A. Friedman

Secretaries

1883—John W. Geiger
1884-88—M. L. Byers
1889-94—John W. Geiger
1895—J. F. Hancock
1896—Henry Maisch
1897-99—Charles H. Ware
1900—Louis Schulze
1901—02—Owen C. Smith
1903—Louis Schulze
1904—Owen C. Smith
1905—Louis Schulze
1906—Owen C. Smith
1907-1942—E. F. Kelly
1942-52—Melville Strasburger
1953-61—Joseph Cohen
1961-63—Nathan I. Gruz

Treasurers

1883-85—E. Walton Russel
1886-94—Samuel Mansfield
1895—Henry B. Gilpin
1896-98—D. M. R. Culbreth
1899-1900—W. M. Fouch
1901—J. R. Beck
1902-05—H. R. Rudy
1906—G. C. Wisotzki
1907-13—J. W. Westcott
1914-23—S. Y. Harris
1924-29—G. P. Hetz
1930-1936—Harry S. Harrison
1937-1953—J. F. Wannenwetsch
1954-55—Gordon A. Mouat
1955-63—John F. Wannenwetsch

Editors

1925-1939—Robert L. Swain
1939-1952—Melville Strasburger
1953-61—Joseph Cohen
1961-63—Nathan I. Gruz

MARYLAND PHARMACEUTICAL ASSOCIATION

ROLL OF MEMBERS

Active Members—As of October 1, 1963

(The following addresses are in Baltimore with Zone No. following street, unless otherwise designated).

Aaronson, Alfred L.	3729 S. Hanover Street, 21225
Abramowitz, Robert N.	2401 E. Federal Street, 21213
Abrams, Arthur M.	3924 S. Sycamore Avenue, Los Angeles 8, Calif.
Abramson, Alfred	325 S. Marlyn Avenue, 21221
Agnew, Max C.	139 E. Main Street, Frostburg
Albert, Irvin J.	3811 Canterbury Road, 21218
Albrecht, Walter E.	310 Maple Road, Linthicum Heights
Albrecht, William F.	7423 Baltimore Avenue, College Park
Allen C. Murray	243 Virginia Avenue, Cumberland
Alpern, Elwin H.	1504 15th Street, Odenton
Anderson, Mrs. Ada C. H.	N. Park Garden Apts., Apt. 4-N, Salisbury
Ansell, Max S.	24 E. Madison Street, 21202
Apitz, Fred W.	6227 N. Charles Street, 21212
Appel, William J.	6 N. Washington Street, Easton
Applestein, Frank	1045 N. Fulton Avenue, 21217
Aronson, Frank	50 State Circle, Annapolis
Augsburger, Larry L.	1806 Ingram Road, 21214
August, Henry J.	12 E. Main Street, Thurmont
Bailey, Halcolm S.	8th Street & Philadelphia Ave., Ocean City
Balassone, Francis S.	301 W. Preston Street, 21201
Bambrick, Vincent C.	154 Race Street, Cambridge
Barshack, Jack	1431 Fuselage Avenue, 21220
Bass, Harry	4224 Pimlico Road, 21215
Batie, A. Lester	126 Washington Avenue, Laurel
Bauer, Dr. John C.	P. O. Box 4738, 21211
Beitler, Ben	423 Patapsco Avenue, 21225
Beitler, Leonard	4300 Ritchie Highway, 21225
Belford, Joseph	1601 Edmondson Avenue, 21223
Berlin, Alvin	Routes 97 & 108, Olney
Berlin, Jerome	1831 W. Mosher Street, 21217
Berman, Abraham S.	4512 Erdman Avenue, 21213
Berman, Frederic T.	3407 Hamilton Avenue, 21214
Bialek, Ted	8218 Wisconsin Avenue, Bethesda
Bindok, Edward J.	6712 Holabird Avenue, 21222
Binstock, Albert	8301 Harford Road, 21214
Bishop, Davis N.	6305 Sherwood Road, 21212
Blitz, Louis	8713 Harford Road, 21234
Block, Frank	1524 Cypress Street, 21226
Block, Samuel G.	2901 E. Baltimore Street, 21224
Blum, Abraham	305 N. Eutaw Street, 21201
Blumson, Samuel S.	800 E. Baltimore Street, 21202
Bookoff, Morris	820 Dulaney Valley Road, 21204
Bosch, Noel J.	1210 Reisterstown Road, 21208
Bourne, Benjamin	809 Viers Mill Road, Rockville
Braden, A. Wayne	920 Ellsworth Drive, Silver Spring
Brill, Mrs. Phyllis W.	7307 Seven Mile Lane, 21208
Brinsfield, J. R.	Center Square, Rising Sun
Brunnett, William Les	6222 Baltimore Avenue, Riverdale
Caplan, Bernard S.	7902 Dundalk Avenue, 21222
Caplan, Carl C.	2214 South Road, 21209
Carmel, Joseph	4313 Wentworth Road, 21207

Carter, Paul M. .... Main Street, Emmitsburg
Catterton, Edward L. .... 713 Dellwood Drive, Vienna, Virginia
Cermak, Jerome J. .... 3500 Pelham Avenue, 21213
Chandler, N. W. .... 7037 Defense Highway, Landover Hills
Chatkin, Robert H. .... 401 Summit Avenue, Hagerstown
Chatkin, William C. .... 819 Washington Avenue, Hagerstown
Cherricks, Robert V. .... 107 W. Green Street, Snow Hill
Cheslow, Nathan L. .... 110 Patapsco Avenue, 21225
Clark, Frank B. .... Ellerslie, Md.
Cohen, Bernard I. .... 2217 N. Fulton Avenue, 21217
Cohen, Harry C. .... 900 Harlem Avenue, 21217
Cohen, Hershel .... 201 W. Franklin Street, 21201
Cohen, Irving I. .... 5511 Oregon Avenue, 21227
Cohen, Nathan .... 1828 E. Baltimore Street, 21231
Cohen, Samuel .... 1645 E. Baltimore Street, 21231
Coleberg, Carl L. .... Main Street, Preston
Coleberg, Joseph L., Jr. .... Talbot & Chestnut Streets, St. Michaels
Connor, William J. .... Commerce St. & Railroad Avenue, Centreville
Cooley, William A. .... 100 Valley Street, Cumberland
Cooper, Morris L. .... 700 W. North Avenue, 21217
Cragg, James P., Jr. .... 4123 Frederick Avenue, 21229
Crozier, John A. .... 901 Curtain Avenue, 21218
Cummings, M. T. .... Dunbrooke, Mountain Road, Pasadena

Dagold, Donald J. .... Waterloo & Montgomery Roads, Ellicott City
Danoff, Abe .... 1645 E. Baltimore Street 21231
Davidov, Hyman .... 7241 Park Heights Avenue, 21208
Davidov, Louis .... 5115 Roland Avenue, 21210
Davis, Robert L. .... 327 Main Street, Crisfield
Deans, John .... Prince William & Main Streets, Princess Anne
Deitch, Erwin .... 5730 Pimlico Road, 21209
Dembo, Julius L. .... 2200 Jefferson Street, 21205
Dickman, Arnold L. .... 2300 Edmondson Avenue, 21223
Diener, Nelson G. .... 14 W. Cold Spring Lane, Apt. 408, 21210
Dorsch, Joseph U. .... 728 Crestleigh Road, Ellicott City
Dougherty, John H., Jr. .... Main Street, Laurel
Drapkin, Leon I. .... 8706 Flower Avenue, Silver Spring
Drennen, J. Holly .... 8 S. Main Street, Port Deposit
Dripps, S. M. .... P. O. Box 1676, 21203
Drug Fair Drug Stores .... 1600 Bren Mar Drive, Alexandria, Virginia
Drukman, Herman B. .... 6651 Belair Road, 21206
Duncan, Chester A. .... 36th & Chestnut Avenue, 21211
Dunning, Fitzgerald .... 1030 N. Charles Street, 21201

Eckhardt, Henry .... 301 Marydell Road, 21229
Edwards, James D. .... 102 Commerce Street, South, Centreville
Eisentrout Harry G., Jr. .... 1068 National Highway, LaVale
Engberg, John J. .... Main & Lake Streets, Salisbury
Englander, Clinton W. .... 205 E. Alder Street, Oakland

Fainberg, Edward .... 7542 Belair Road, 21236
Fauss, Albert L., Jr. .... 39 W. Main Street, Hancock
Fedder, Donald O. .... 201 Wise Avenue, 21222
Fedder, Eli .... 202 Purvis Place, 21208
Feldman, Charles W. .... 1535 W. Lexington Street, 21223
Feldman, Milton H. .... 900 N. Gilmor Street, 21217
Fine, Jerome L. .... 8807 Allenswood Road, Randallstown
Fink, Francis T .... Martin Boulevard & Compass Road, 21220
Finkelstein, Karl H. .... 300 Main Street, Laurel
Fisher, Edward H. .... 105 S. Baltimore Avenue, Ocean City

Fisher, Philip E.	Route #2, Box 76, Berlin
Fitzsimmons, Milton J.	109 Main Street, Ellicott City
Foley, William T., Jr.	1 Franklin Street, Aberdeen
Folus, Irving H.	11010 Wheeler Dr., Silver Spring
Foss, Noel E.	636 W. Lombard Street, 21201
Foster, Carroll P.	6327 Belair Road, 21206
Freed, Irving	930 Whitelock Street, 21217
Freed, Mayer N.	6112 Central Avenue, Capitol Heights
Freedenberg, Marvin	5926 Riggs Road, Hyattsville
Friedman, Aaron J.	145 Back River Neck Road, 21221
Friedman, Albert	1003 S. Sharp Street, 21230
Friedman, Albert J.	3501 Harford Road, 21218
Friedman, Milton A.	100 S. Poppleton Street, 21201
Friedman, Nathan J.	701 N. Gay Street, 21202
Gadol, Ellis	10128 Colesville Road, Silver Spring
Gaine, Jerome	3505 Tulsa Road, 21207
Gakenheimer, Albert C.	Cockeysville
Gakenheimer, Herbert E.	8th and "D" Sts,, Sparrows Point 21219
Gardner, Michael F.	253 S. Washington Street, 21231
Gaver, Paul G.	100 W. University Parkway, 21210
Gelrud, Jack	6 Coral Drive, North, Lexington Park
Getka, Milton S.	644 Stamford Road, 21229
Glaeser, Henry J., Jr.	3 Westminster Street, Manchester
Glaser, Louis L.	511 Avondale Road, 21222
Gleiman, Irvin J.	1939 Madison Avenue, 21217
Glick, Henry J.	120 N. Smallwood Street, Cumberland
Gluckstern, Wilfred H.	820 Dulaney Valley Road, 21204
Goldberg, Irving	5507 Durbin Road, Bethesda 14
Goldberg, Jack	9423 Georgia Avenue, Silver Spring
Goldberg, Milton	3903 Hollins Ferry Road, 21227
Goldfeder, Harold M.	6100 Rhode Island Avenue, Riverdale
Golditch, Henry M.	2447 E. Preston Street, 21213
Goldsmith, Meyer	1227 Pennsylvania Avenue, 21217
Goldstein, Sam A.	1100 N. Calhoun Street, 21217
Goodman, Irvin	55 E. Main Street, Westminster
Gordy, Howard L.	213 E. Main Street, Salisbury
Greenberg, Harry	5451 Belair Road, 21206
Greenberg, Leon	50 Old Annapolis Road, Severna Park
Greenberg, Richard E.	3405 Belair Road, 21213
Greenberg, Solomon W.	6315 29th Pl., N.W., Washington, D.C. 20015
Greenfeld, David D.	5201 Windsor Mill Road, 21207
Gregg, Ernest, Jr.	75 Third Street, Oakland
Gregorek, Frank J.	2519 Hillcrest Avenue, 21234
Greif, Daniel	1625 Wilkens Avenue, 21223
Grossman, Bernard B.	1655 N. Monroe Street, 21217
Gruz, Nathan I.	650 W. Lombard Street, 21201
Guild, Cecil E.	44 W. Main Street, Westminster
Hahn, Albert G.	324 W. Saratoga Street, 21201
Handelman, Louis	1001 N. Charles Street, 21201
Hanks, Carleton W., Jr.	221 Maryland Avenue, Cumberland
Hansen, Herbert O.	4707 Marlboro Pike, Coral Hills
Harbaugh, Arthur C.	872 Mulberry Avenue, Hagerstown
Hayes, William B.	507 Mace Avenue, 21221
Hayman Albin A.	415 Forest Lane, Salisbury
Heer, Wilmer J.	2724 Harford Road, 21218
Heller, Lawrence G.	Prospect Street, LaPlata
Hendelberg, I. J.	4637 York Road, 21212
Henderson, Marvin W.	7401 Harford Road, 21234
Hill, William C.	30 E. Dover Street, Easton
Hilliard, M. Evans	4943 Belair Road, 21206

Hillman, Milton L..................19 Tulagi Place, Lexington Park
Hoffman, Sylvan A...............2658 Huntingdon Avenue, 21211
Hopkins, Charles H....................7 York Street, Taneytown

Israelson, Rubin H......................2301 Hollins Street, 21223

Johnson, Clyde G.......Somerset Avenue & Prince William Street, Princess Anne
Jones, Howard B...................600 S. Third Street, Oakland
Jones, W. Bowen .... P. O. Box 521, Willow Street, St. Michaels
Jordan, Joseph J..........................Market Street, Denton
Judy, Francis L.......................2 Byrd Avenue, Cumberland

Kahn, Reuben ....1722 Wilkens Avenue, 21223
Kalb, Francis P.....................4419 Kenwood Avenue, 21206
Kamanitz, Irvin L...................100 W. Main Street, Salisbury
Kamenetz, Irvin ....6913 Belair Road, 21206
Kaminski, Felix H. ....3138 O'Donnell Street, 21224
Kammer, William H..................701 E. Preston Street, 21202
Karlin, David....................2803 W. Belvedere Avenue, 21215
Karpa, Maurice J.................1402 Reisterstown Road, 21208
Karr, William S.......................9515 Harford Road, 21234
Katz, Gabriel E............9925 Rhode Island Avenue, College Park
Kaufman, Stanley L................ 911 Beechfield Avenue, 21229
Kellough, Elmer R., Jr............ 501 Decatur Street, Cumberland
Kerpelman, I. Earl...............722 S. Salisbury Blvd., Salisbury
Kirson, Abraham .... 8201 Stevenson Road, 21208
Kirson, Jerome ....743 N. Central Avenue, 21202
Kitchen, William Y. ....60 West Street, Annapolis
Klavens, Sidney R. .... 1117 Light Street, 21230
Kline, Bernard B................. 8309 Grubb Road, Silver Spring
Kling, Herman M. ....2245 E. Fayette Street, 21231
Klingel, Mrs. R. M. .... 101 Cheapside Street. 21202
Klotzman, Alfred..................1041 Edmondson Avenue, 21223
Kobin, Benjamin.....................1000 W. Cross Street, 21230
Koons, George S.............31 Concocheague Street, Williamsport
Kosakowski, Chester G.............635 S. Lakewood Avenue, 21224
Kramer, Leonard H.....................442 E. North Avenue, 21202
Krantz, Dr. John C., Jr.............. 7824 Ellenham Road, 21204
Kraus, L. H., Jr. ....400 S. Division Street, Salisbury
Krieger, Max A. .... 7900 Harford Road, 21234
Kroopnick, Godfrey D................ 930 Whitelock Street, 21217

Lachman, Bernard B. ....5024 Park Heights Avenue, 21215
Lachman, Marvin M. ....118 Chartley Boulevard, Reisterstown
Laken, Bernard .... 1301 W. North Avenue, 21217
Lapin, Bernard J. ....2701 Old North Point Road, 21222
Latona, Salvatore J................ 4007 34th Street, Mt. Rainier
Lawlor, Henry W. ....Charles Theatre Building, La Plata
Lawson, Alfred M. ....3415 Hamilton Street, Hyattsville
Layden, William ....2140 W. Baltimore Street, 21223
Lazarus, Leon J. .... 401 Eastern Avenue, 21221
Lebson, David .... 4605 Edmondson Avenue, 21229
Lebson, Hyman...................4605 Edmondson Avenue, 21229
Leise, David ....110 Hamilton Avenue, Silver Spring
Lemler, Abraham A. .... 1801 W. Lexington Street, 21223
Levin, Arthur 101 N. Washington Street, Havre de Grace
Levin, Barry S. .... 2101 Garrison Boulevard, 21216
Levin, Benjamin .... 2031 Merritt Avenue, 21222
Levin, Benjamin S. .... 6300 Eastern Avenue, 21224
Levin, Harold P. .... 537 E. 41st Street, 21218

Levin, I. Alvin....................4623 Reisterstown Road, 21215
Levin, Jack B..........................6025 Liberty Road, 21207
Levin, Leon P........................1720 E. Joppa Road, 21204
Levin, Morris........................1612 Kelly Avenue, 21209
Levin, Norman..........................910 Leeds Avenue, 21229
Levin, Norman J...................1401 Reisterstown Road, 21208
Levin, Theodore..........Poplar Grove & Lafayette Avenue, 21216
Levine, Jay E. ....1929 Virginia Avenue, Hagerstown
Levinson, Henry...................721 Poplar Grove Street, 21216
Levitis, Louis ....11401 Georgia Avenue, Silver Spring
Levy, Abraham M.......................1612 Kelly Avenue, 21209
Levy, Donald 7111 Old North Point Road, Sparrows Point 21219
Leyko, Gregory W. A...............2501 W. Baltimore Street, 21223
Libowitz, Aaron M......................4901 Belair Road, 21206
Lichter, George ....2128 Western Run Drive, 21209
Lichtman, Harry S..............2805 Old North Point Road, 21222
Lieb, Frank J. ....1600 S. Charles Street, 21230
Lillich, Mrs. Anna L........................3 Center Place, 21222
Lindenbaum, Louis............515 S. Camp Meade Road, Linthicum
Lindenbaum, Morris..................5 Main Street, Reisterstown
Lipsky, Harold H. ....951 Pennsylvania Avenue, 21201
Lohmeyer, Lloyd W..................390 W. Main Street, Crisfield
London, Samuel...................3500 Anton Farms Road, 21208
Lowry, Raymond J. ....45 Main Street, Westernport
Lykos, Nicholas C. ....2101 York Road, Timonium
Lyon, James H. ....328 St. John Street, Havre de Grace

McCagh, Frank L................101 N. Centre Street, Cumberland
McComas, J. Ross ....8642 Loch Raven Boulevard, 21204
McDougall, Bernard C. ....30 Main Street, Sykesville
McLarty, David C. ....4128 Westview Road, 21218
McMichael, James E. ....911 E. Oldtown Road, Cumberland
Macek, Bernard F. ....2245 Eastern Avenue, 21231
Macek, Frank J. ....1736 Aliceanna Street, 21231
Macek, Walter J. ....4708 Parkside Drive, 21206
Macks, Ben H. ....436 Eastern Avenue, 21221
Magiros, John G.........Rogers Avenue & Route #40, Ellicott City
Maisenhalder, Edward C.................21 S. Main Street, Bel Air
Malone, William W. ....Bay Avenue, North Beach
Manheimer, Raymond B. ....2502 Eutaw Place, 21217
Marcus, Michael ....2021 W. Pratt Street, 21223
Marek, Anton C. ....701 N. Lakewood Avenue, 21205
Marinelli, Carroll P...................2444 E. Biddle Street, 21213
Markley, Edward B. ....3701 Falls Road, 21211
Martin, Robert J. ....1068 National Highway, LaVale
Mask, Jerome..................2701 Old North Point Road, 21222
Mayer, Alexander M.................1800 N. Charles Street, 21201
Meeth, John T. ....3255 Frederick Avenue, 21229
Mendelson, Herman . 6126-30 Georgia Ave., N.W., Washington, D.C.
Mercer, Robert V. ....911 Pine Avenue, Frederick
Meyers, Jacob S. ....8302 Liberty Road, 21207
Meyers, Macy H..............Liberty Road, Eldersburg, Sykesville
Miden, Julian I. ....3133 W. Belvedere Avenue, 21215
Miller, Lewis ....2325 Callow Avenue, 21217
Miller, Reuben ...... 1855 Leesburg Pike, Falls Church, Virginia
Moler, Robert K. ....801 Tollhouse Avenue, Frederick
Mondell, Harold D..................5500 Gwynn Oak Avenue, 21207
Morgenroth, Victor H., Jr. .... 2207 Belleview Road, 21228
Morgenstern, William A., Jr....... 6328 Windsor Mill Road, 21207
Morris, Samuel 10214 New Hampshire Avenue, Silver Spring
Morton, Joseph H. ....5408 Sinclair Lane, 21206
Mouat, Gordon A. ....3300 Greenmount Avenue, 21218

Murphy, John M. .... 38 N. Main Street, Hampstead
Myers, Lyndon B. .... Main Street, Mt. Airy

Neuberger, Arnold J. .... Jarrettsville, Md.
Neun, Mrs. Alberta E. .... 4800 Roland Avenue, 21210
Neun, Charles J. .... 301 E. Baltimore Street, 21202
Neutze, John F. .... 433 Kenneth Square, 21212
Newman, David .... 309-311 N. Union Avenue, Havre de Grace
Nitsch, Charles A. .... 837 Frederick Avenue, 21228
Norris, Earl M. .... 4706 Liberty Heights Avenue, 21207

Oed, Marvin L. .... 743 S. Conkling Street, 21224
Ogrinz, Alexander J., Jr. .... 3300 Greenmount Avenue, 21218
O'Hara, John J. .... 2200 N. Fulton Avenue, 21217
Ohlendorf, Albert V. .... 714 Stoneleigh Road, 21212
Oken, Jack .... 700 N. Broadway, 21205
Oleszczuk, Melvin J. .... 1800 Eastern Avenue, 21231
Owens, Bennie G. .... 5 McPherson Road, Annapolis

Packett, W. Harold .... 8551 Connecticut Avenue, Chevy Chase
Padussis, Anthony G. .... 6510 O'Donnell Street, 21224
Palmer, Mathias .... 8642 Loch Raven Boulevard, 21204
Pannill, William E. .... 2104 Marilyn Drive, S.E., Washington, D.C.
Parker, James A. I. .. 3737 University Boulevard, West, Kensington
Parker, Richard D. .... 3501 Stark Street, Kensington
Patterson, Walter J. .... 4123 Frederick Avenue, 21229
Payne, Thomas M. .... 32 N. Washington Street, Easton
Pearlman, David .... 3107 W. North Avenue, 21216
Pearlman, William L. .... 3107 W. North Avenue, 21216
Pelovitz, Nathan G. .... 1713 Edmondson Avenue, 21228
Peoples Drug Stores, Inc. ... 60 Florida Ave., N.E. Wash., D.C. 20002
Pfeifer, C. Edward, Jr. .... 1201 Light Street, 21230
Pfrogner, Richard L. .... 54 N. Centre Street, Cumberland
Pilson, R.A. .... Main Street, New Windsor
Plassnig, Edwin .... 6712 Holabird Avenue, 21222
Poklis, Alphonse .... 329 E. High Street, Chestertown
Pollack, Morton L. .... Charles & 34th Streets, 21218
Pomerantz, Leonard H. .... Nutwell Road, Deale
Popluder, Nathan .... 2610 Harford Road, 21218
Porterfield, M. Perry .... 925 Pennsylvania Avenue, Hagerstown
Portney, Samuel .... 551 N. Fulton Avenue, 21223
Prensky, Bernard M. .... 6573 Ager Road, Hyattsville
Price, Charles P. .... 4810 Bowley's Lane, 21206
Proudfoot, Robert E. .... 106 S. Second Street, Oakland
Provenza, Stephen J. .... 101 W. Read Street, 21201

Raichlen, Sam I. .... 3300 Keswick Road, 21211
Rasinsky, Milton .... 30 W. Main Street, Westminster
Rayman, Harry M. .... 4400 Stamp Road, Washington, D.C. 20031
Read's Drug Store .... 2523 Gwynns Falls Parkway, 21216
Reed, J. Ronald .... 31 N. Potomac Street, Hagerstown
Reiser, Arnold J. .... 2805-07 Old North Point Road, 21222
Rettaliata, Leo C. .... 2200 N. Charles Street, 21218
Reznek, Paul .... 11182 Baltimore Boulevard, Beltsville
Richardson, Lloyd N. .... 1 N. Main Street, Bel Air
Richman, Jacob L. .... 1515 Bloomingdale Road, 21216
Richman, Philip .... 90 West Street, Annapolis
Richmond, Sewell E. .... 5500 Park Heights Avenue, 21215
Robbins, Sam S. .... 4401 Liberty Heights Avenue, 21207
Roberts, William P. .... 5306 York Road, 21212
Robinson, Lester G. .... 2139 Pennsylvania Avenue, 21217

Rochester, Harry L. .... 5212 Reisterstown Road, 21215
Rodowskas, Christopher A. .... 616 Patapsco Avenue, 21225
Rosen, Donald M. .... 419 Ritchie Highway, South, Glen Burnie
Rosenberg, Leon .... 9925 Rhode Island Avenue, College Park
Rosenberg, Robert 100 Baltimore-Annapolis Blvd., N.E., Glen Burnie
Rosenstein, Aaron .... 1401 E. North Avenue, 21213
Rosenthal, Alvin .... 3529 Dolfield Avenue, 21215
Rosenthal, Leo .... 1500 University Boulevard, East, Hyattsville
Rossberg, William C. .... 2526 Washington Boulevard, 21230
Ruddie, Israel M. .... 6124 Edmondson Avenue, 21229

Sabatino, Louis T. .... 8301 Harford Road, 21214
Sachs, Michael ..... Washington Street & Park Place, Leonardtown
Sachs, Raymond .... 6 Coral Drive, North, Lexington Park
Sama, Mario . Sherdale & Ruxford Drives, Route No. 1, Kingsville
Santoni, David A. .... 3520 E. Lombard Street, 21224
Santoni, Henry A. .... 4301 Belair Road, 21206
Sappe, Milton J. ... Box 243, Route No. 4, Cape St. Claire, Annapolis
Sapperstein, Jacob H. .... Cockeysville, Md.
Savage, Walter T. .... 5 Main Street, Berlin
Schapiro, Abraham B. .... 4601 Park Heights Avenue, 21215
Schapiro, Oscar M. .... Jarrettsville-Paper Mill Road, Phoenix
Schenker, Norman L. .... 2801 Guilford Avenue, 21218
Schenker, Philip .. .. 2801 Guilford Avenue, 21218
Schmalzer, William J., Jr. .... Downes Road, Parkton
Schmidt, George M. .... Box 276, R. D. No. 1, Elkton
Schnaper, Morton J. .... 6900 Arlington Road, Bethesda 14
Schrader, Harry L. .... 347 S. Smallwood Street, 21223
Schumer, Donald A. .... 1200 Pennsylvania Avenue, 21217
Schumer, Jack .... 1200 Pennsylvania Avenue, 21217
Schwartz, Nathan .... Edgewater, Md.
Schwartz, Theodore H. .... 1561 N. Fulton Avenue, 21217
Schwatka, W. Herdman, Jr. .... 600 Sussex Road, 21204
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Seidel, Harry L. .... Connecticut & Knowles Avenues, Kensington
Seidman, Henry G. .... 7201 Harford Road, 21214
Serpick, Jacob .... St. Paul & 21st Street, 21218
Shank, Earl E., Jr. 119 Frisbee Avenue, Connellsville, Pennsylvania
Shapiro, Joseph W. .... 1832 E. Monument Street, 21205
Shaw, Frank M. .... 147 Market Street, Pocomoke City
Sheetz, Lynn .... 14 Long Drive, Cumberland
Shenker, Allan B. .... 4702 Garrison Boulevard, 21215
Shenker, Morris .... 1027 West Way, Glen Burnie
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Silbert, Andrew W. .... 41 Lloyd Street, 21202
Silverman, Albert M. .... 3325 E. Baltimore Street, 21224
Singer, George D. .... 4717 Eastern Avenue, 21224
Singer, Isadore E. ...... 300 Main Street, Laurel
Small, Irvin .... 6607 Park Heights Avenue, Apt. C-1, 21215
Smith, Bernard T. .... 1125 N. Charles Street, 21201
Smith, Dennis B. .... 5906 Johnnycake Road, 21207
Smith, Joseph I. ...... 26 S. Hilton Street, 21229
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Sober, Norman .... 921 Patapsco Avenue, 21225
Sollod, Melvin J. .... 9107 Riggs Road, Adelphi
Sollod, Sylvan J. .... 635 E. Fort Avenue, 21230

Solomon, Samuel J.	1342 Pennsylvania Avenue, 21217
Solomon, Simon	1342 Pennsylvania Avenue, 21217
Spano, Arthur N.	Green & Water Streets, Cumberland
Spigelmire, Charles E.	22 York Court, 21218
Standiford, Isaac W.	15 Belair Avenue, Aberdeen
Stark, Alvin	6112 Central Avenue, Capitol Heights
Statter, I. Barry	449 E. 25th Street, 21218
Sterling, Elmer W.	Church Hill, Md.
Stiffman, George J.	2206 Crest Road, 21209
Stiffman, Jerome A.	3502 N. Hilton Road, 21215
Stofberg, Charles	5658 The Alameda, 21212
Stoler, Myer	101 N. Ellwood Avenue, 21224
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Sullivan, Fred G.	3415 Hamilton Street, Hyattsville
Sussman, Hyman J.	3601 Park Heights Avenue, 21215
Sussman, Sidney	3927 Park Heights Avenue, 21215
Swiss, Frank L.	3001 E. Monument Street, 21205
Taetle, Herman	4301 Randolph Road, Silver Spring
Taich, Louis	601 N. Carey Street, 21217
Tattar, Leon L.	2906 Garrison Boulevard, 21216
Taylor, Gary L.	1801 W. Pratt Street, 21223
Thomas, John	101 E. Baltimore Street, 21202
Thomas, Robert W., Jr.	327 Main Street, Crisfield 21817
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Toronto, Nicholas A.	Prince Frederick Shopping Ctr,, Prince Fred.
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Truitt, James W., Jr.	102 N. Main Street, Federalsburg
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Wagner, Raphael H.	502 W. Cold Spring Lane, 21210
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Weiner, Phillip P.	4222 W. Rogers Avenue, 21215
Weiner, Solomon	5501 Reisterstown Road, 21215
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Wertheimer, Samuel	29 S. Centre Street, Cumberland
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Wich, Henry E.	1230 N. Stricker Street, 21217
Wiener, Maurice	3446 Wilkens Avenue, 21229
Williams, William O.	6305 Sherwood Road, 21212
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Winn, Solomon	2540 E. Fayette Street, 21224
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Wirth, Ferdinand F., Jr.	307 N. Ellwood Avenue, 21224

Witzke, Carl H.	1201 Linden Avenue, 21217
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Yarmosky, Jack	2501 Edmondson Avenue, 21223
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Zerwitz, Sidney	5114 Liberty Heights Avenue, 21207

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Davis, James C.	119 S. Howard Street, 21201
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Byrd, H. C.	College Park
Cole, B. Olive	Baltimore
Kantner, Leahmer M.	Baltimore

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Frankle, Harold 7419 Monita Road, 21208
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Friedlander, S. A. 4903 Challedon Road, A-4, 21207
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Frieman, Jack 3703 Seven Mile Lane, 21208
Frieman, Jack I. 3505 Seven Mile Lane, 21208

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Gates, Earl A. 3710 Nortonia Road, 21216
Gaver, Paul, Jr. 5105 Sekots Road, 21207
Gehring, J. William 5620 Greenspring Avenue, 21209
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Gilliece, Owen J. 837 Frederick Avenue, 21228
Ginsberg, Samuel H. 3106 Oakfield Avenue, 21216
Glassband, Herman 2506 Taney Road, 21207
Glennan, Harry E. 3102 Action Road, 21214
Goldberg, Marvin H. 2803 Waldorf Avenue, 21215
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Haase, Charles A.	6110 Marlora Road, 21212
Hack, Morris B.	7311 Park Heights Avenue, Apt. 106, 21208
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Hahn, William A.	4915 Briar Clift Road, 21229
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Hamet, Sydney H.	5720 Dallas Avenue, Apt. 6, Fort Worth, Texas
Hansen, Herman F.	203 Preston Court, Apt. 8, 21228
Harrison, Boris M.	2810 W. Saratoga Street, 21223
Haskell, Miss Marian L.	1712 Kurtz Avenue, Lutherville
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Helman, Louis H.	7646 Carla Road, 21208
Herman, Ralph	2479 Shirley Avenue, 21215
Hershner, John F.	2017 Burnwood Road, 21214
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Ichniowski, William	1212 Roundhill Road, 21218
Isleib, John E.	2612 Maryland Avenue, 21218
Jackson, Walter V.	2009 Edmondson Avenue, 21228
Jacobs, George	3516 Maryvale Road, 21207
Jankiewicz, Alfred M.	3110 Moreland Avenue, 21234
Jeppi, Samuel P.	200 Witherspoon Road, 21212
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Kriel, Campbell N. .... 4538 N. Charles Street, 21210
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Meyers, Louis L. .... 8811 Ashford Road, 21234
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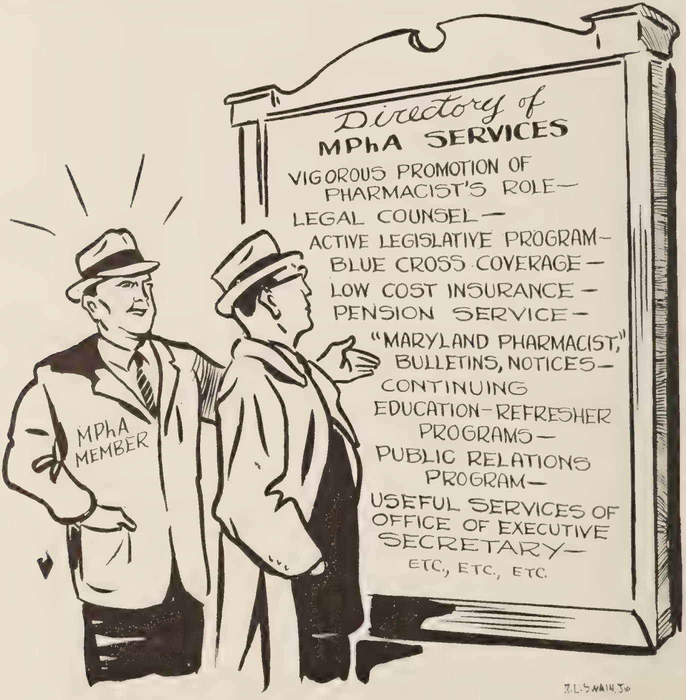
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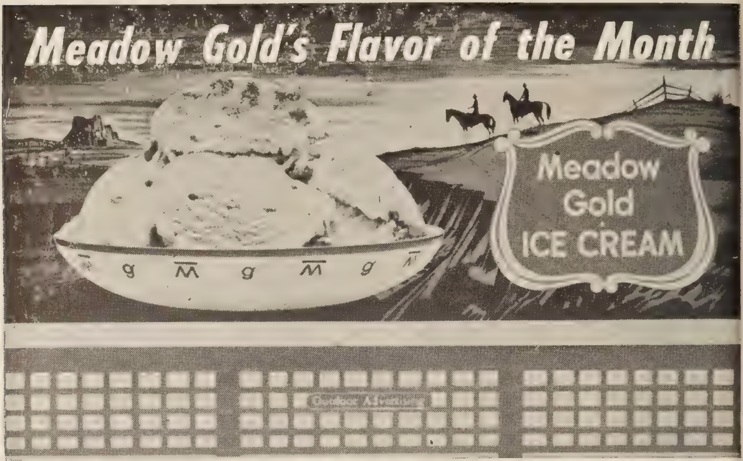
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Meadow Gold ICE CREAM

Now! The Greatest Outdoor Advertising Campaign in MEADOW GOLD History!

50 BILLBOARDS

Strategically located all over town featuring the "Flavor of The Month", month after month for a full year!

☆

Tie-in with this great promotion! Feature the MEADOW GOLD "Flavor of The Month" and CASH-IN with bigger sales!

now it's Pepsi for a steadily flowing fountain of profits

HAVE
A
PEPSI
Pepsi-Cola
PEPSI-COLA
Pepsi
Pepsi
Pepsi-Cola

Also in profitable family size; 12-oz. 6-packs; 16-oz. non-returnable 4-packs.

Bottled under appointment from Pepsi-Cola Co., New York by
PEPSI-COLA BOTTLING Co. of Baltimore and Annapolis

SCHRAFFT'S® CHOCOLATES

Feature the candy that creates quick turnover and repeat business. Profit by the ever-growing demand for Schrafft's—recognized by candy-lovers everywhere as supreme in quality and flavor.

It pays to promote Schrafft's Chocolates!

Distributed By

ALLEN, SON & CO., INC.
Phone CEnter 3-1300
25 South Warwick Avenue
Baltimore 23, Md.

Schrafft's
Miniature Chocolates

AQUAPAC selected skins
—only the primes are processed.
Not just wet—but also lubricated and rolled
Lowest cost—greatest percentage of profit
Professionally promoted—presold
Unconditionally Guaranteed!

SELL ON OPEN CALL.

Retail $6.50 dozen—3 for $1.75

American Hygienic Co.
111 S. Paca Street, Baltimore,1, Maryland
Represented by—IRV. NORWITZ

SMITH KLINE & FRENCH INC.

America's Foremost Service Wholesaler

Philadelphia
Serving Northern Maryland

Wilmington
Serving the Eastern Shore

The Silver Lining . . .

The wise dealer who stocks either Abbotts or Jane Logan deluxe ice cream in his store finds his cash register drawer always lined—and filled—with silver coins of the realm. And, remember, green bills from silver coins do grow!

Give us a call . . . but only if you want your profit figures in crisp, crunchy green bills! . . .

CEnter 3-4000

Abbotts
ICE CREAM

ABBOTTS DAIRIES, INC.
45 S. Catherine St.

check list
Oct. 21
-Nov. 15

Between these dates the Robins products listed below will receive special promotion in your area. Check now to be sure you are stocked to meet increased Rx demand.

Skelaxin®
(metaxalone, Robins)
Tablets 50s ☐ 500s ☐

Dimetane® Expectorant
Elixir pints ☐ gals. ☐

Dimetane® Expectorant-DC
Elixir pints ☐ gals. ☐

Robinul®
(glycopyrrolate, Robins)
Tablets 100s ☐ 500s ☐

Robinul®-PH
Tablets 100s ☐ 500s ☐

Donnagel®
Suspension 6 oz. ☐

Donnagel® with Neomycin
Suspension 6 oz. ☐

Donnagel®-PG
Suspension 6 oz. ☐

A. H. Robins Co., Inc., Richmond, Va.

Robins PHARMACEUTICAL RESEARCH

New Way to Food Profits!

No Investment in Equipment or Fixtures

With Stewart in-fra-red sandwich service you do not tie-up any money in high cost equipment and fixtures. A gleaming, sanitary and efficient Stewart In-fra-red cookery is loaned you and maintained — FREE! Uses only one square foot of space — eliminates kitchen equipment, dishes and dishwashing.

No Costly Food Waste

With Stewart In-fra-red sandwiches there is no waste — no leftovers — no food buying problems — and no mess. Order only as many sandwiches as you need, they're delivered to you at the peak of freshness — hermetically sealed in cellophane. Easy to store and easy to stock in your present refrigeration.

No Overhead

Stewart "In-fra-red Toasted" Hot Sandwich Service requires no cooks or special employees. You can serve your customers these delicious sandwiches with your present help. You increase profit per employee wtihout increasing overhead.

Call or Write for a Free Demonstration

STEWART IN-FRA-RED COMMISSARY

360 S. DUKELAND STREET **CEnter 3-9110**

Headquarters for

HOOVEN LETTERS • ROBOTYPED LETTERS • LYKA TYPED LETTERS • MONOCAST LETTERS • PRINTING • PHOTO-OFFSET PRINTING • MULTIGRAPHING • MIMEOGRAPHING • MAILING

call

D. Stuart Webb *Advertising Services*

MUlberry 5-3232, 33, 34

306 N. GAY STREET **Baltimore 2, Maryland**

Look what I found!

I found that my customers really go for those tasty Lance snacks. And I found, too, that I make more money on them than any other brand. Must be because they sell so fast.

They're advertised

LANCE

CHARLOTTE, N. C.

TOASTCHEE
LANCE

NOW
IT'S NATIONAL
FOR THOSE
WHO THINK
QUALITY

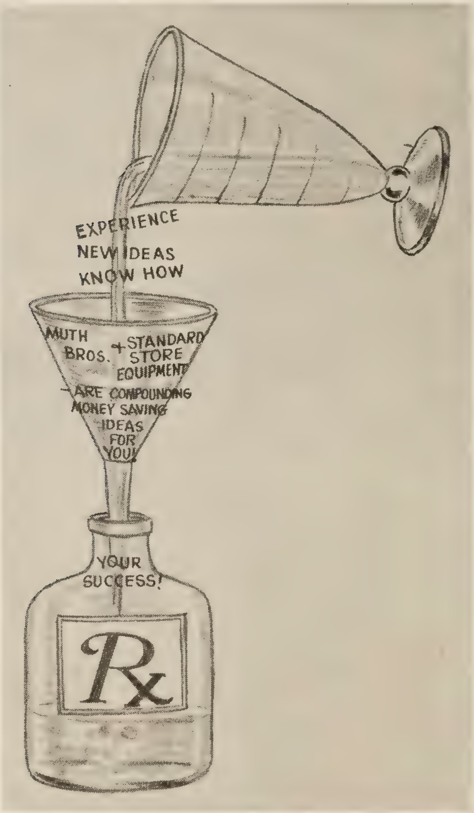
THE NATIONAL PHARMACEUTICAL MFG. CO.

Manufacturers of Fine Pharmaceuticals for over 45 years

415-417 E. OLIVER STREET **MUlberry 5-4065**
BALTIMORE, MD. 21202

Don't Be Merchandising Poor

Just Pour Our Formula For Success

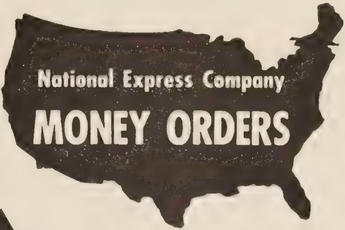

EXPERIENCE
NEW IDEAS
KNOW HOW
MUTH BROS. + STANDARD STORE EQUIPMENT
– ARE COMPOUNDING MONEY SAVING IDEAS FOR YOU!
YOUR SUCCESS!
Rx

M&S PLAN—NEW STORES—REMODELING

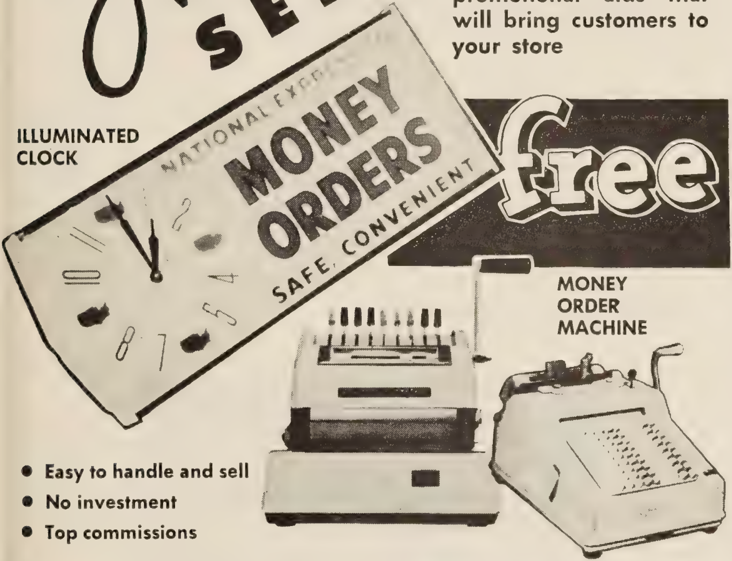
Call Us At PL. 2-0480 or EA. 7-0300

MUTH BROS. & CO. • STANDARD STORE EQUIPMENT CO., INC.

Get more WHEN YOU SELL


National Express Company
MONEY ORDERS

— get these and other promotional aids that will bring customers to your store


NATIONAL EXPRESS
MONEY ORDERS
SAFE, CONVENIENT

free

ILLUMINATED CLOCK

MONEY ORDER MACHINE

- **Easy to handle and sell**
- **No investment**
- **Top commissions**

NATIONAL EXPRESS CO. of Maryland, Inc.
Wilson Building
23 Baltimore-Annapolis Blvd., N. W.
Glen Burnie, Maryland

Tell me—without obligation—how I can get the FREE Illuminated Clock and Money Order Machine.

Name______________________________

Address____________________________

City________________ State__________

DON'T DELAY ★ MAIL TODAY

NATIONAL EXPRESS CO.
of Maryland, Inc.

Wilson Building,
23 Baltimore-Annapolis Blvd., N.W.
Glen Burnie, Maryland

USE THE COMPANY THAT HELPS YOU THE MOST

NO ONE

Ever Outgrows the Need for

MILK

GET THE BEST . . . . GET . . . .

Sealtest
TRADE MARK
DAIRY PRODUCTS

MU lberry 5-3800

FOR THE MOST

COMPLETE PRESCRIPTION STOCK

Call PLaza 2-0480

MUTH BROS. & CO.

ALL THE NEWEST ITEMS ARE AVAILABLE

—NOW—

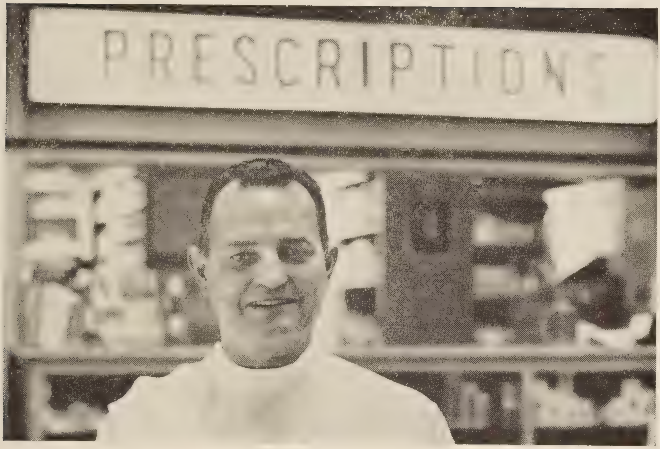
BE PROUD YOU PICKED NORTH AMERICAN MONEY ORDERS

. . . and kissed money order worries good-bye!

Were you one of the hundreds of pharmacists in the Maryland area that started writing money orders the North American way last year? You have good reason to be proud of yourself! You selected the most dynamic outfit in the field—the one who offered the most for you. You've received a high rate of commission all year long; you've gotten real behind-the-scenes help with a smooth-working organization that keeps mistakes at a minimum; you've gotten the sort of point-of-sale advertising sendoff you need to let your customers know you sell money orders. And you've even received terrific help in new, efficient machinery that cuts checkwriting time to an absolute minimum. If you were one of the few who didn't make the switch to North American—don't let this year see you mired in check-writing problems. Join the North American team today!

NORTH AMERICAN CHECK CORP.

2104 N. Charles St.
CH. 3-6920
Baltimore 18, Md.



"I can spend more time where it really counts."

"In my opinion, the Wyeth inventory control system is the most accurate method of determining the amount of merchandise to order. You don't overstock and, what is more important, shortages are much less of a problem. Returns are no problem and my stock is always fresh and saleable.

"I find that with this system there's no need to spend valuable time on the routine of ordering. I can spend more time where it really counts.

"I am extremely pleased with this system."

Sincerely yours,

Floyd Lange

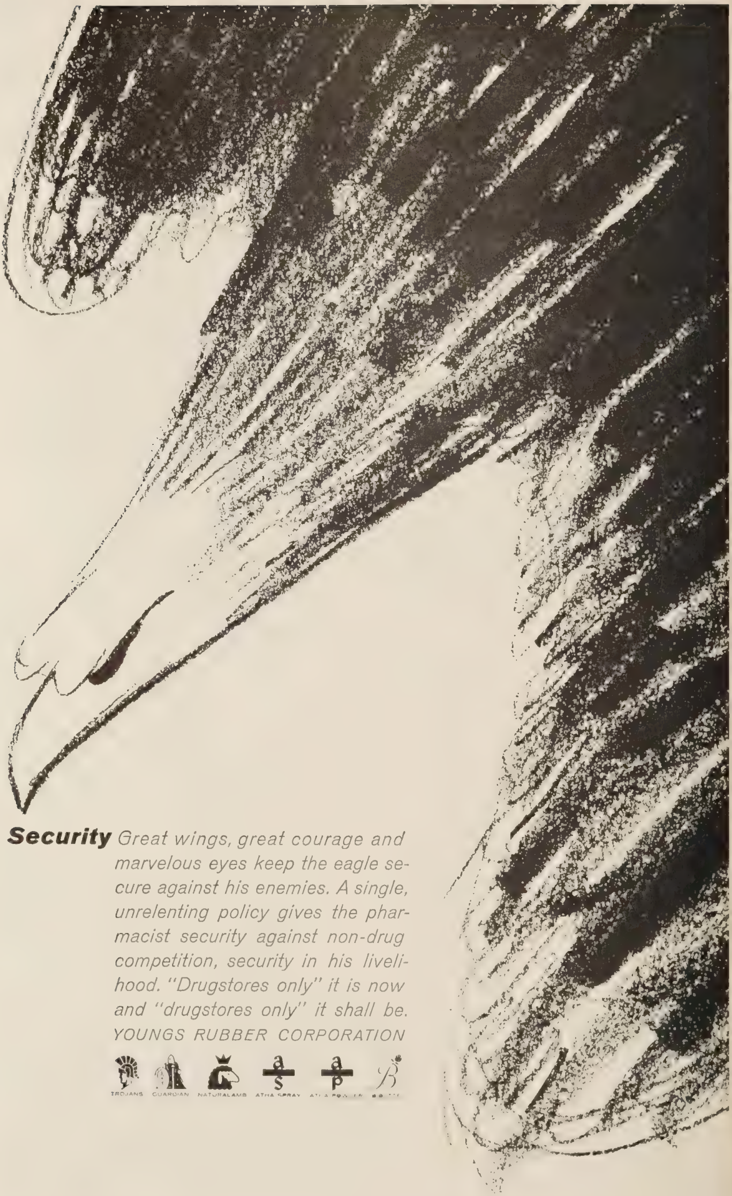
Floyd Lange
Mueller Rexall Drugs
Jefferson, Wisconsin

THE WYETH INVENTORY CONTROL SYSTEM

Wyeth

Ask your Wyeth Representative about the Wyeth Inventory Control System . . . how it works automatically for your Wyeth merchandise . . . how it works to improve the efficiency of your pharmacy.

Wyeth Laboratories Philadelphia 1, Pa.



Security *Great wings, great courage and marvelous eyes keep the eagle secure against his enemies. A single, unrelenting policy gives the pharmacist security against non-drug competition, security in his livelihood. "Drugstores only" it is now and "drugstores only" it shall be.*

YOUNGS RUBBER CORPORATION

TROJANS GUARDIAN NATURALAMB ATHA SPRAY ATHA POWDER

I. B. M. INVOICING HELPS LOEWY DO A BETTER JOB FOR YOU

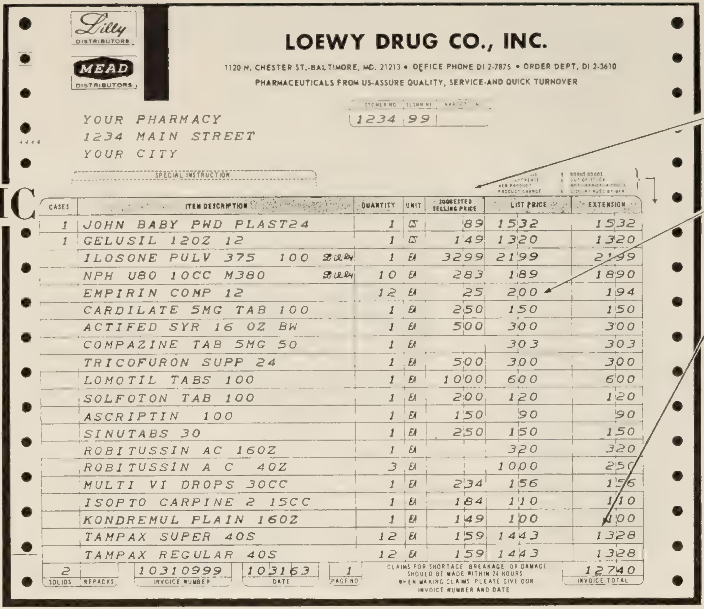
LOEWY GOES ELECTRONIC

We have spent considerable time and spared no expense in installing the finest I. B. M. billing system. Our system is designed to give you an accurate invoice, to SAVE you time and money, and to make invoice checking a pleasure instead of a chore.

All pertinent information will be at your fingertips. No need to consult lengthy catalogs for retail and wholesale pricing information. Everything appears in print, right on our invoice. We know that you will find it a real pleasure to do your BUYING from LOEWY.

We wish to express our appreciation for your past and continued goodwill.

LOEWY DRUG CO. INC.



Lilly DISTRIBUTORS

MEAD DISTRIBUTORS

LOEWY DRUG CO., INC.

1120 N. CHESTER ST.-BALTIMORE, MD. 21213 • OFFICE PHONE DI 2-7875 • ORDER DEPT. DI 2-3610

PHARMACEUTICALS FROM US-ASSURE QUALITY, SERVICE-AND QUICK TURNOVER

YOUR PHARMACY
1234 MAIN STREET
YOUR CITY

1234 99

SPECIAL INSTRUCTION

CASES	ITEM DESCRIPTION	QUANTITY	UNIT	SUGGESTED SELLING PRICE	LIST PRICE	EXTENSION
1	JOHN BABY PWD PLAST24	1	CS	89	15 32	15 32
1	GELUSIL 12OZ 12	1	CS	1 49	13 20	13 20
	ILOSONE PULV 375 100 Lilly	1	EA	32 99	21 99	21 99
	NPH U80 10CC M380 Lilly	10	EA	2 83	1 89	18 90
	EMPIRIN COMP 12	12	EA	25	2 00	1 94
	CARDILATE 5MG TAB 100	1	EA	2 50	1 50	1 50
	ACTIFED SYR 16 OZ BW	1	EA	5 00	3 00	3 00
	COMPAZINE TAB 5MG 50	1	EA		3 03	3 03
	TRICOFURON SUPP 24	1	EA	5 00	3 00	3 00
	LOMOTIL TABS 100	1	EA	10 00	6 00	6 00
	SOLFOTON TAB 100	1	EA	2 00	1 20	1 20
	ASCRIPTIN 100	1	EA	1 50	90	90
	SINUTABS 30	1	EA	2 50	1 50	1 50
	ROBITUSSIN AC 16OZ	1	EA		3 20	3 20
	ROBITUSSIN A C 4OZ	3	EA		10 00	2 50
	MULTI VI DROPS 30CC	1	EA	2 34	1 56	1 56
	ISOPTO CARPINE 2 15CC	1	EA	1 84	1 10	1 10
	KONDREMUL PLAIN 16OZ	1	EA	1 49	1 00	1 00
	TAMPAX SUPER 40S	12	EA	1 59	14 43	13 28
	TAMPAX REGULAR 40S	12	EA	1 59	14 43	13 28

SOLIDS	REPACKS	INVOICE NUMBER	DATE	PAGE NO		INVOICE TOTAL
2		10310999	10 31 63	1	CLAIMS FOR SHORTAGE BREAKAGE OR DAMAGE SHOULD BE MADE WITHIN 24 HOURS WHEN MAKING CLAIMS PLEASE GIVE OUR INVOICE NUMBER AND DATE	127 40

MAKES CHECKING EASY-TIME SAVING

Legible invoices, electronically printed, reduces invoice checking time by as much as 50%

SUGGESTED RETAIL PRICES

I. B. M. Billing allows us to offer you the manufacturer's suggested minimum retail price. A practical aid to practical pricing.

LIST PRICE

You will find this column very convenient for pricing.

ADDITIONS AND DISCOUNTS

Electronically calculated means electronically accurate - eliminating the percentage of human errors. Your invoice is read, added, trade discounts where applicable are figured, deducted and net cost is shown in the extension column.

ELIMINATES OVERCHARGES

Automatic Billing with I. B. M. punched cards eliminates the possibility of errors experienced under the hand pricing system.

FASTER SERVICE

I. B. M. invoicing enables us to speed up delivery schedules and send invoices with every shipment.

LOEWY DRUG CO., INC. • 1120 N. CHESTER STREET • DIckens 2-7875

**New Flavor!
New Promotion!
New Profits!**

VANILLA
FUDGE
Sealtest
ICE CREAM

Boost your ice cream volume — and your store volume — by stocking Sealtest, the one brand steadily sparked by Special Flavor promotions. NEW in name, NEW in taste excitement, NEW in consumer appeal — each Special Flavor is backed by a terrific promotion that will attract customers for ice cream **and build your sales of other items as well!**

- Colorful newspaper ads feature each Special Flavor.
- High-frequently TV commercials in prime time sell hard in your local area . . . to your customers.
- Colorful cartons individually designed to promote each Special Flavor.

**One Flavor sells the others—
When they're from Sealtest**

Sealtest
TRADE MARK
ICE CREAM

STRIKE IT RICH IN THE GLENBROOK FALL Bonanza

Featuring
A BIG WRITE-IN CONTEST FOR RETAILERS
Win These Fabulous Prizes:

5	1ST PRIZES RENAULT DAUPHINES
5	2ND PRIZES RCA COLOR TV SETS
50	3RD PRIZES REMINGTON PORTABLE TYPEWRITERS

- ASK YOUR WHOLESALER SALESMAN FOR CONTEST INFORMATION

✓ PREMIUMS WITH EVERY ORDER of $50 or MORE

SIX (6) GRAPEFRUIT SPOONS—PEWTER BOWLS—CUTLERY SETS—
"BROIL AND SERVE" PLATTERS—ROBES FOR SPORT OR CAR—
50 PC. FLATWARE SETS and MANY, MANY MORE!*

✓ EXTRA PROFITS FROM

FREE GOODS DEALS—SPECIAL PROMOTIONAL ALLOWANCES

✓ REGULAR GLENBROOK ALLOWANCES

PLACE YOUR BONANZA ORDER TODAY!

SEE YOUR WHOLESALER SALESMAN FOR COMPLETE DETAILS

*Examples are taken from $50 to $500 Glenbrook order premium categories

LENBROOK LABORATORIES DIVISION OF STERLING DRUG INC., 1450 BROADWAY, NEW YORK 18, N.Y.

ADD

TO YOUR CIGAR DEPARTMENT

AND SCORE A HIT . . .

America's Favorite Cigars

EL PRODUCTO

KING EDWARD

MURIEL

IGNACIO HAYA GOLD LABEL

KEEP THESE FINE CIGARS IN YOUR LINE-UP

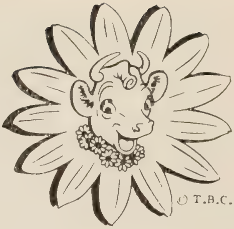
Daniel Loughran Company, Inc.

DISTRIBUTORS

Baltimore—Hagerstown—Washington

SPEEDY
Alka-Seltzer
BRAND
MEDICATED
SPRAY-ON
FIRST
AID
NO STING • NO STAIN
Bactine
ANTISEPTIC
CUTS • SCRATCHES • SCRAPES
SUNBURN • MINOR BURNS
ONE A DAY
1
MULTIPLE VITAMINS
"FOR BETTER HEALTH"
MILES
nervine
CAPSULES
For relief in the following functional nervous symptoms
SLEEPLESSNESS · RESTLESSNESS
NERVOUS TENSION HEADACHES · NERVOUS IRRITABILITY
USE ONLY AS DIRECTED
MILES PRODUCTS, Division of Miles Laboratories, Inc., Elkhart, Indiana, U.S.A.
FRUIT FLAVORED
CHOCKS
MULTIPLE VITAMINS

MILES PRODUCTS
Division of Miles Laboratories, Inc., Elkhart, Indiana, U.S.A.



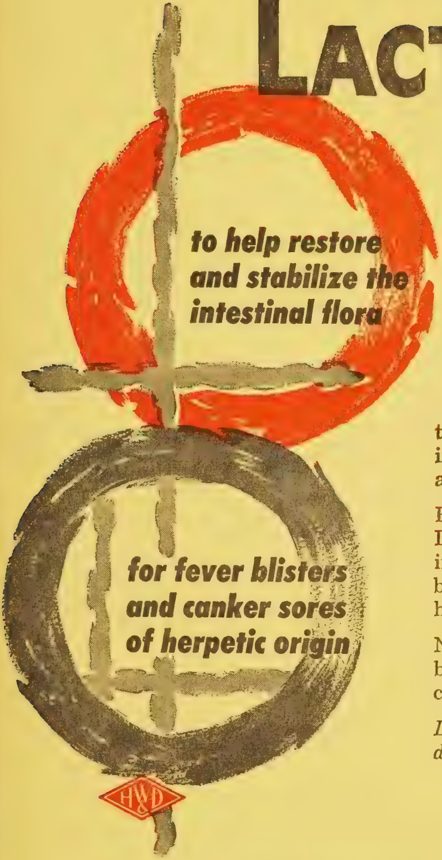
Meet Elsie at the World's Fair. The Borden exhibit is outstanding–one of the features of the Fair–and you will be welcomed with Borden hospitality. Make this a "must" on your program.

Borden's

ICE CREAM

Borden's just HAS to be good

ORleans 5-0171


to help restore and stabilize the intestinal flora
for fever blisters and canker sores of herpetic origin
HW&D

LACTINEX®

TABLETS & GRANULES

LACTINEX—a viable culture containing both *Lactobacillus acidophilus* and *bulgaricus*—was first introduced to help restore the normal physiology of the intestinal tract in infants and adults.

Further clinical work showed LACTINEX to be successful in the treatment of fever blisters and canker sores of herpetic origin.

No untoward side effects have been reported in 10 years of clinical use with Lactinex.

Literature on indications and dosage available on request.

HYNSON, WESTCOTT & DUNNING, INC.

BALTIMORE 1, MARYLAND

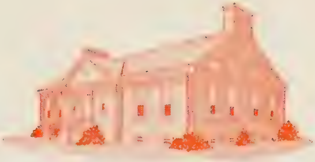
The Hendler Idea

Hendlers have always realized that "trifles make perfection, but perfection is no trifle." That is why Hendlers is first name in ice cream for over a half-century.

Hendlers
The Velvet Kind
ICE CREAM

First name in ice cream for over a half-century

THE MARYLAND PHARMACIST



"Season's Greetings"

All Best Wishes

for a

Merry Christmas

and

A Happy New Year

VOLUME XXXIX - NO. 2

NOVEMBER 1963

NEW

Cover Girl

MAKE-UP BY NOXZEMA

ANTISEPTIC • MEDICATED • FRAGRANT

THE FIRST GLAMOUR MAKE-UP
THAT'S ACTUALLY GOOD FOR THE SKIN!

Glamorous shades, beautiful compacts. *$1.50 each plus tax.*

NOXZEMA CHEMICAL COMPANY

Meet Gerry Mason, age 2½ years, one of approximately 400 youngsters on pediatric vitamin taste-test panel.

Little man with big buying power

Give him pediatric vitamins he really likes and he'll be your steadiest customer in the big and profitable vitamin market.

Ninety-one percent of 400 youngsters tested liked the taste of Novacebrin and Ad-Cebrin. No vitamin product tested—regardless of brand—scored higher in taste preference. Each preparation of this comprehensive new vitamin line is separately formulated especially for "pediatric people."

For nutrition they need, recommend the taste children like. They'll be back for more.

NOVACEBRIN™ CHEWABLE
MULTIPLE VITAMINS

NOVACEBRIN™ DROPS
MULTIPLE VITAMINS

AD-CEBRIN™ DROPS
ADC VITAMINS

also available
with fluoride

Lilly

300701

STRIKE IT RICH IN THE GLENBROOK FALL Bonanza

Featuring

A BIG WRITE-IN CONTEST FOR RETAILERS

Win These Fabulous Prizes:

5 1ST PRIZES
RENAULT DAUPHINES

5 2ND PRIZES
RCA COLOR TV SETS

50 3RD PRIZES
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GLENBROOK LABORATORIES DIVISION OF STERLING DRUG INC., 1450 BROADWAY, NEW YORK 18, N.Y.

The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXIX NOVEMBER, 1963 No. 1

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The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price $5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 3, 1879.

Editorial . . . . . .

Ask What YOU Can Do For Pharmacy

"Ask not what your country
can do for you—
Ask what you can do for
your country."

John Fitzgerald Kennedy 1917-1963
35th President of the United States

Our courageous, intelligent, and dedicated leader—President John F. Kennedy—has been tragically lost to us by one senseless act. Regardless of the differences of opinion which citizens hold — and he always maintained the right of every citizen to hold a contrary opinion — disrespect for law and order and the resort to violence is alien to everything America stands for. The sovereignity of the law of the land and the peaceful resolution of disputes differentiates a mature, civilized nation from a nation of savages.

As our sorrow and grief recede, our mourning must inevitably lead to an appreciation of the inspiring legacy left to us by the words and deeds, the life and sacrifices of John F. Kennedy.

No one can say of our late President that he did not give of himself in full measure to the extent that he asked others to give of themselves.

In our profession of Pharmacy, to which all of us devote so much of our time, our thought and our energies, we can be inspired to approach our seemingly insoluble, complex problems with the courage, candor, and dedication which John F. Kennedy applied to matters of national and world concern.

Is the profession of Pharmacy to be truly part of the health team serving with the physician, dentist and nurse, and with its primary function maintaining a vital link in the chain of health? Or is the profession of Pharmacy to be abused and degraded by the callous, the indifferent, the shortsighted and those who are purely self-seeking? Will some pharmacists continue to permit their valuable franchise — their license to practice as a pharmacist — to be exploited by those who make a mockery of Pharmacy to the detriment of those who aspire to a profession of honor, as well as to the public?

Surely it is apparent to those who have labored long and hard for the advancement of the profession of Pharmacy that too many of its practitioners have been and are still today blind. They are blind to the basic requirements necessary in achieving the objectives which they say they would like to see achieved for Pharmacy. These pharmacists would like to see increased professional recognition of Pharmacy and greater appreciation of the services rendered by pharmacists. They are, of course, right in seeking these goals.

We can only say to all in Phármacy who wish to see Pharmacy achieve its proper recognition and rightful status to join with their colleagues in professional fellowship. Accept the challenges in Pharmacy which are inevitable in our existing economic, political and social structure. Become part of the bloodstream of the profession by becoming an active participant in your professional Association.

Except that the state pharmaceutical Association be granted by the pharmacists of Maryland the support, the participation and the resources, the tasks they wish performed cannot be fully done. It takes personnel and finances to adequately, efficiently and expeditiously provide the services required, expand the programs of the Association, develop essential legislation, provide information and continuing education, safeguard the rights of the profession and enhance the standing of Pharmacy with the public and other professions.

Equally important to success is the voluntary devotion and participation of many members in order to transform ideas and goals into reality, into concrete accomplishments.

What have many of these members of our profession contributed except for destructive criticism, complaints, personality clashes, inter and intra-association warfare and the pursuit of personal ambitions and self-aggrandizement?

In any human endeavor involving the dynamics of group activity, progress and the resolution of difficult problems are obviously not achieved easily overnight, but by determined, patient and persistent effort. All of this, of course, can only result from a firm foundation of cooperation freely given by groups as well as by individuals of good will.

Many have asked for much and have been willing to give little or nothing.

With reverence, we draw a parallel from the immortal words of our martyred President with this paraphrase:

Ask not what Pharmacy

can do for you—

Ask what you can do for Pharmacy.

Footnote to History

Shortly after my appointment as Executive Secretary and Editor of THE MARYLAND PHARMACIST, I wrote an editorial for the January 1962 issue of This Journal. The editorial derived its inspiration from statements made by two Presidents of the United States. By the unhappy turn of events, the two men — Lincoln and Kennedy — came to share the same tragic fate of assassination. The editorial is reprinted below.

AMERICAN PHARMACY— A HOUSE DIVIDED

"A house divided cannot but fail."—**Abraham Lincoln.**

"Great crises produce great men, and great deeds of courage."—**John F. Kennedy "Profiles In Courage."**

Both of these statements by Presidents of the United States have significance for the current situation in which pharmacy finds itself today.

"A house divided" is certainly an apt description of American pharmacy. The history of pharmacy in this country has been a long chronicle of various associations "going it alone" with many individuals completely unwilling to subordinate personal ambitions for the higher goals of achieving a true profession of mutually cooperative associations and individual practitioners.

The second part of President Lincoln's statement — "cannot but fail"— will not come to pass only if the quotation of President Kennedy becomes a reality in American pharmaceutical politics. The "great crises" in American pharmacy are here with us now in a most acute form. Will these crises "produce great men"? Will these "great men," if they appear, produce "great deeds of courage"?

Yes, "great deeds of courage" are sorely needed in 1962 if pharmacy is not to remain in a state of weakness and confusion, vulnerable to every wind of professional degradation and economic subversion.

"Great deeds of courage" by "great men" are needed if pharmaceutical association leaders on every level — local, state and national — are to sit down with open minds and open hearts and foster the steps that leads to cooperative efforts. In a climate of good will, men who vary in their organizational loyalities must grow in moral

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President's Message . . . . . .

Dear Fellow Members:

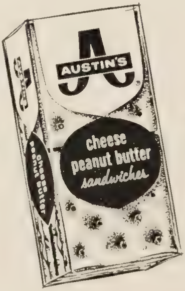
As a pharmacist who has been convinced for a number of years of the necessity and value of belonging to this local, state and national pharmaceutical associations, it has been very pleasing to see that more and more pharmacists in Maryland are thinking this way.

We have had local organizations in only some parts of the state. These have been the Baltimore Metropolitan Pharmaceutical Association, the Prince Georges-Montgomery County Pharmaceutical Association and the Allegany-Garrett County Pharmaceutical Association. I am particularly gratified that Secretary Gruz has placed high priority on efforts to organize local associations in the remaining areas. The Eastern Shore Pharmaceutical Society was re-established this year and now the first organizational meeting has been held for M.P.A. District No. 4, which consists of Carroll, Frederick and Washington Counties. A large number of pharmacists turned out and a second meeting is planned. I wish to commend all who are working for a strong organizational structure for the profession of Pharmacy in Maryland.

Perhaps we can achieve the affiliation of all local associations with the Maryland Pharmaceutical Association so that we will have both strong "grass-roots" organizations and a powerful state pharmaceutical association, with every pharmacist a member of both. I feel this is the only way we can have the professional strength to succeed in winning against the enemies of our profession. We certainly will be listened to even more at Annapolis if we have a united front.

At this time of the year it is a pleasure to wish all members Seasons Greetings and a Happy New Year.

Sincerely,
WILLIAM A. COOLEY,
President



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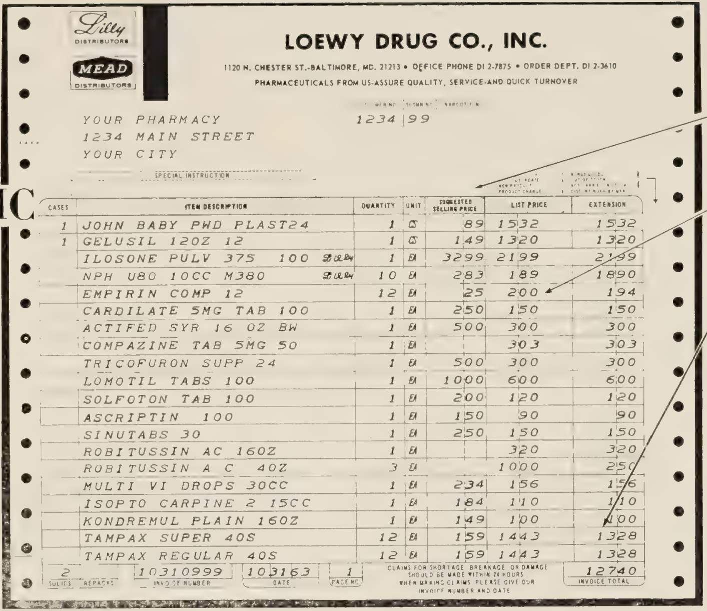

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Secretary's Script . . .

A Message from the Executive Secretary

An historic step was taken by the Executive Committee of the Maryland Pharmaceutical Association at its October meeting with the setting of one dues for all pharmacists. This was a logical conclusion for the great majority of the officers and members of the Executive Committee following the amendment of the Constitution and By-Laws at the last Annual Meeting at the Convention.

The dues structure effective January 1, 1964 is as follows:

ACTIVE MEMBERS: All licensed pharmacists — $25.00.

AFFILIATE MEMBERS: Any person, not a licensed pharmacist, who has a proprietary or managerial interest in a pharmacy, or any owner, members of a corporation or executive of an allied business or calling —$25.00.

ASSOCIATE MEMBERS: Any licensed assistant pharmacist; pharmacy interne; educator; or any person of an allied profession or calling — $10.00.

All pharmacists have the same stake in the welfare and future of Pharmacy. Under the Constitution and By-Laws of the Maryland Pharmaceutical Association, all pharmacists have the same rights and equal privileges. It is hoped that all pharmacists — proprietor, employee, executive or manager—whether in community practice (independent or chain), hospital pharmacy, manufacturing, teaching or sales — will assume his share of the responsibilities for a stronger and more effective state professional pharmaceutical association.

The Executive Committee also approved the Hack Pension Service of Baltimore to make pension programs available through the Maryland Pharmaceutical Association. You will be receiving information in the mail as to how you can have a custom tailored pension plan according to each individual's needs and the amount of premium desired to be paid. This is another valuable service to our members at great savings, with rates as low as those paid by large private corporations.

Seasons Greetings and best wishes for a Happy New Year that will see all of us progress toward the realization of our highest ideals for us and for all mankind.

Sincerely,

Nathan I Gruz

Executive Secretary

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School of Pharmacy, U. of M., News ......

Alumni News of the School of Pharmacy, U. of Md. Annual Frolic

Reported by B. Olive Cole

The Seventeenth annual frolic of the Alumni Association of the School of Pharmacy, University of Maryland, was held in the large comfortable auditorium of the Sudbrook Junior High School, Campfield Road, Baltimore, Maryland on November 16, 1963.

President Milton A. Friedman welcomed the students and guests. Robert J. Kokoski was Master of Ceremonies. Dean Noel E. Foss expressed appreciation of the splendid work of the Association. The audience, numbering approximately 225 persons, included students, their parents and friends, members of the fraternities, sorority, interested alumni and faculty members.

The entertainment was presented by the students and consisted of six skits and three individual presentations by undergraduates under the supervision of Dr. Frank J. S. Slama, Executive Secretary of the Alumni Association.

The judges were past presidents of the Alumni Association—Messrs. James P. Cragg, Jr., Irving I. Cohen and Francis Balassone. The prizes were presented by President Friedman and Dean Noel E. Foss.

The first prize for skits was awarded to the Class of 1966 and included the Cherry Activities Cup awarded annually by Bernard Cherry. When one group or fraternity has secured the Cherry Cup for three years, the cup is awarded to that group. A small replica cup also went to the class, as well as the first cash prize.

The second cash prize was awarded to the Alpha Zeta Omega Fraternity, and the third cash prize was captured by the Phi Delta Chi Fraternity. The skits not only provide for happy competition in presentation, but also for entertainment for the students and their friends.

The first individual money prize went to Richard L. Wynne, trumpet player. The second money prize was divided between Ralph M. Sollod, pianist, and Robert B. Kroopnick, vocalist.

The Frolic Committee consisted of Robert J. Kokowski, Harold Levin, Philip P. Wiener and Dennis Smith. Sam A. Goldstein, assisted by Mrs. Goldstein and S. Lawrence Rosenbloom, were in charge of the Place and Arrangements Committee, which served the refreshments.

The music opening the occasion, between skits and during the refreshments was provided by an orchestra, with Herman Bloom as leader and soloist.

The ice cream was furnished by the Meadow Gold Company; the Pepsi Cola by the Pepsi Cola Company; the Coca Cola by the Coca Cola Company and the cookies by the Austin Biscuit Company.

Door prizes were provided by Muth Brothers, F. A. Davis Company, Calvert Drug Company, Loewy Drug Company, Allen & Sons, Abbott Laboratories, Merck, Sharp & Dohme, H. B. Gilpin Company, Paramount Photo Service and Lord Baltimore Candy and Tobacco Company.

Dr. Frank J. Slama received an appreciation gift with proper encomiums. B. Olive Cole received a special gift from the Alumni Association, noting that the day marked her as one year older.

The Annual Frolic is sponsored by the Alumni Association of the School of Pharmacy and provides a most enjoyable evening of entertainment.

Philip A. Ouellette, M.S. 1955, has been appointed Section Head of Skin Product Development in the Toiletries Product Development Division of the Research and Development Department of Colgate-Palmolive Company in New Brunswick, N. J.

Albert M. Mattocks, Ph.D. 1945, Technical Director of the R. P. Scherer Corporation, and former Professor of Pharmacy at the University of Michigan from 1953-61, has rejoined the University of Michigan faculty as Professor of Pharmacy and Coordinator of Hospital Pharmacy Education and Research. He will be responsible for developing research and educational activities in the hospital pharmacy program operated by the College of Pharmacy in conjunction with University (of Michigan) Hospital.

Dr. Leslie C. Costello, head of the department of anatomy and physiology at the University of Maryland School of Pharmacy, has received an additional grant of $14,200 from the National Science Foundation for the purchase of specialized equipment to use in a study that the foundation is already supporting, relating to metabolic changes that occur during the life cycle of Ascaris lumbricoides, the common intestinal roundworm.

Dr. Costello chose the roundworm for his study because it changes from a parasite to a free-living organism and from a mode of life that survive without oxygen to one that requires oxygen.

The adult worm lives in the intestine of the host from which it takes its sustenance, and its own metabolism is essentially anaerobic — that is, it requires no oxygen. In contrast, Ascaris eggs live an aerobic existence — that is, they must have oxygen in order to develop.

These facts have many interesting implications, and Dr. Costello is attempting to relate changes in metabolism to biochemical adaptation and evolution as well as to embryological development. He and his colleagues have already published reports of striking changes in enzyme activity that occur during the development of Ascaris eggs.

Assisting Dr. Costello in this research are Dr. Hiroshi Oya, postdoctoral fellow from Japan, and Willard Smith, a predoctoral trainee on leave from the U.S. Department of Agriculture.

A portrait of the late Dr. Andrew G. Du Mez, dean of the University of Maryland School of Pharmacy from 1926 until his death in 1948, has been presented as a memorial to him by his widow to the University of Philippines, whose College of Pharmacy he organized in 1912 and directed for four years.

Mrs. Du Mez went to the Philippines for the presentation ceremonies, which were held October 21 in Quezon City and were attended by many of Dr. Du Mez's former students. The portrait, painted by Stanislav Rembski, was accepted by the university's president, General Carlos Romulo, former Ambassador to the United States from the Philippines.

Dr. Du Mez was honored posthumously last year at the Philippine College of Pharmacy's Golden Jubilee Celebration, and a plaque "for distinguished contribution to the founding, growth, and progress of the college" was brought to Mrs. Du Mez by Dr. Juanito B. Abcede, who came to Baltimore last spring to do cancer research at the Maryland School of Pharmacy.

Besides his accomplishments as an educator, Dr. Du Mez also performed distinguished service at the U. S. Public Health Service Laboratory of Hygiene from 1918 to 1926.

He served as president of the American Pharmaceutical Association and president of the American Association of Colleges of Pharmacy, and was a member of the Revisions Committee of the United States Pharmacopoeia for 28 years.

Widely recognized for his efforts in raising the standards of pharmaceutical education, Dr. Du Mez was awarded pharmacy's highest honor, the Remington Medal.

Dr. Nicolas Zenker, associate professor of pharmaceutical chemistry at the University of Maryland School of Pharmacy, has received a three-year grant totaling $23,064 from the National Institutes of Health for support of his work in the synthesis and assay of thyroid analogs.

An overactive thyroid, Dr. Zenker says, may speed up metabolism to such an extent that the patient loses weight, becomes jittery, and may even have heart failure. The compounds he is preparing and testing will, he hopes, be capable of competing metabolically with the excess thyroid hormones so as to prevent such undesirable effects as these.

His tests will be conducted in animals as well as in enzyme systems prepared from cells.

Ways to interest high school students in pharmacy as a career were discussed at a dinner meeting for guidance counselors held at the University of Maryland on Monday, October 21, 1963.

The Alumni Association of the School of Pharmacy, the Baltimore Metropolitan Pharmaceutical Association, and the Maryland Pharmaceutical Association invited guidance counselors from all the public high schools in Baltimore City and Anne Arundel, Baltimore, Harford, and Howard Counties to attend.

The discussion, following the dinner, was held in Dunning Hall. Requirements for admission to the University of Maryland School of Pharmacy and opportunities for young people in the pharmaceutical field were topics discussed.

Material relating to careers in pharmacy was distributed to all the guests, and there were conducted tours of the pharmacy school.

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Timed Release Pharmaceuticals*

by Ralph Shangraw, Ph.D.**

PART I

Pharmacists are required to possess knowledge of widely diverse subjects and it is of the utmost importance that they be able to discuss intelligently with the physician the pharmacology, doses or side effects of drugs. In most cases the physician is trying to refresh or extend his own knowledge of the subject. However, there are areas of pharmaceutical technology, such as timed release preparations, wherein the pharmacist should be expert and about which physicians generally know little of the complexities involved. Timed release dosage forms developed from pharmaceutical science and the concept is only a decade old. Therefore, the majority of pharmacists practicing their profession had completed their formal academic training before the technology involved was developed. Consequently, it is of the utmost importance that information concerning such technology be made available to graduate pharmacists.

To what does the term timed release pharmaceuticals refer? Are repeat action and sustained release products based on the same principle? What is the difference between a so-called prolonged acting sulfa drug and a sustained release amphetamine tablet?

The idea of timed release is not new. Medieval man often coated pills with gold and silver. These pills actually never disintegrated in the gastro-intestinal tract and sometimes were even recovered for reuse. These were timed for no release at all but hopefully the psychological effect was beneficial.

An enteric coating is an excellent example of a timed release pharmaceutical. Release is supposed to occur only after the dosage form has passed from the stomach into the intestine. Unfortunately, many of our early enteric coatings were based on the supposition that the stomach was acid and the intestine basic. We now know that the pH of even the lower part of the small intestine seldom goes much above 7.0 (neutrality). Consequently, meny enteric coatings which required a basic pH for disintegration never broke up and drug release did not occur. However, some enteric coatings were not pH dependent but were based instead on simple erosion. For example, Enseals (R) of Lilly consist of a core of active ingredient surrounded by a coating or carnauba wax, stearic acid, petrolatum, powdered agar and elm bark which erodes away in the presence of moisture. This type of coating proved to be quite reliable and many sustained release or repeat action products today are based on a similar principle.

It is essential that the discussion of timed release be defined and limited. In the first place, there are many instances in which chemical modification of a drug can introduce prolonged or sustained action. Chemical modification is an effective, and many pharmaceutical chemists consider the best, means of effecting sustained action. Examples: (1) Bicillin (R) (Benzathine Penicillin G - Wyeth Laboratories). Time between doses is 6 - 8 hours instead of 2 - 3 for Penicillin G. The complex slowly hydrolyzes releasing penicillin which is then available for absorption. (2) Madribon (R) (sulfa dimethoxine - Roche Laboratories). One dose every 24 hours provides adequate therapeutic blood levels. (3) Midicel (R) (sulfa

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*Presented at the Third Robert L. Swain Pharmacy Seminar sponsored by the Maryland Pharmaceutical Association and the University of Maryland School of Pharmacy on March 14, 1963.

**Associate Professor of Pharmacy, University of Md. School of Pharmacy.

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methoxy-pyridazine - Parke, Davis & Co.) A slowly excreted sulfa which produces maximum effect in 5 - 8 hours, but which remains at effective levels for 72 hours. (4) Benemid (R) (Probenecid - Merck, Sharp and Dohme). Administered with penicillin to prolong action by delaying excretion (5) Ovocylin (R) dipropionate (Estradiol dipropionate - Ciba Pharmaceutical Products, Inc.) Esterified forms of drug which is absorbed more slowly and eliminated less rapidly. (6) Novocain Suprarenin Ampuls (R) (Procaine Epinephrine Ampuls - Winthrop Laboratories). Epinephrine slows absorption of local anesthetic by constricting blood vessels in the area.

However, chemical manipulation may not always be feasible. This discussion is limited to oral dosage forms in which release is delayed by pharmaceutical means, generally physical, or by loose chemical complexation.

What are the problems involved in the formulation of a sustained action product and how are they solved? Normally, blood levels of a drug increase very rapidly after administration until a region of optimum therapeutic effect is reached. This concentration proceeds to decrease as the drug is eliminated, often fairly rapidly, necessitating the administration of a second dose in 3 - 5 hours. This pattern repeats itself and the so-called "peak and valley effect" results. If enough drug were administered in each individual dose so that the valleys never fell below the optimum therapeutic region, then the peak concentrations might well exceed the minimum concentration for untoward side effects, including toxicity. This is not only wasteful, but more important, it could be dangerous.

An idealized blood picture, on the other hand, would show a therapeutic level being rapidly reached and this level being maintained within narrow limits for long periods of time.

In order to obtain such a pattern, a quantity of drug just equal to the amount being eliminated would have to be continually supplied to the body. This is what is attempted in the formulation of most timed release pharmaceuticals. Dr. Rudolph Blythe, whose name appears on the first Smith, Kline and French sustained release patent, defines such a dosage form as follows: "A simple oral dosage unit that provides an immediate release of an amount of drug that will promptly produce a therapeutic effect and then the gradual and continuing release from a sustained portion of an amount that will maintain this level of effect over a prolonged period, generally 10 - 12 hours."

This definition excludes repeat action dosage forms. They offer no advantages over the individual doses except ease of administration. They are not a true sustained release preparation.

Season's Greetings

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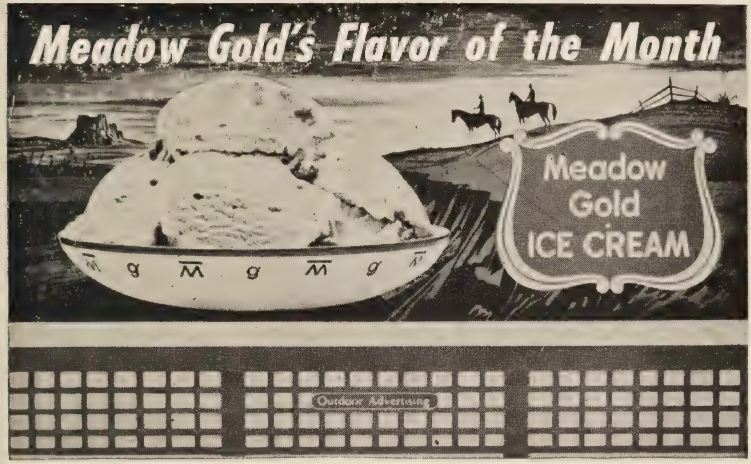
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The advantages of sustained release therapy are: (1) Constant therapeutic blood levels with diminished peak and valley effect. (2) Ease of administration and more complete therapy; a) Lack of need for mid-day dose which is often forgotten, b) Adequate all night therapy —no need to wake patient. (3) Reduction of total drug intake due to more efficient utilization. (3) Significant reduction in medication administration time in hospitals and nursing homes. (No well controlled statistical experiment has yet proven this to be so but it appears probable).

How can sustained release be accomplished by pharmaceutical means? One point cannot be over-emphasized. A sustained release product must be specifically designed for every single drug based on biological performance. A formulation which would be ideal for dextro- amphetamine would not work for belladonna and vice versa. Only careful evaluation of clinical data and repeated reformulation based on *in vivo* tests will result in an acceptable product meeting theoretical release specifications. For this reason, the type of dosage form employed and the experience and control procedures of the manufacturer become even more critical in timed release products.

In order to design such a product, individual doses of the drug must be administered to humans and the blood levels observed. When this is done, variations in peak concentrations are noted with change in dose. These peaks can be used to determine how much of the drug is needed to give an initial therapeutic blood concentration. If the logarithms of blood concentration are plotted against time, a straight line is obtained after the peak concentration has been reached. Very simply this means that the drug disappearance rate at any time is proportional to the concentration of the drug in the blood at that time. The more drug present, the faster it is eliminated. Mathematically this means that drug disappearance follows first order kinetics and makes calculation of biological half-life very simple. According to this concept, the time during which the amount of drug in the blood falls from one concentration to one-half that concentration is called the biological half-life. As each drug has its own half-life, it is extremely easy to compare the relative length of time different drugs are eliminated from the blood stream. For instance, Aureomycin (R) (Chlortetracycline - Lederle Laboratories) has a short half-life (4½ - 5 hours) indicating that it disappears quite rapidly from the blood. On the other hand, Achromycin(R) Tetracycline-Lederle Laboratories) remains much longer and has a half-life of 8-9 hours.

The amount of drug present in the sustained release portion of a tablet is going to depend on its biologic half-life. If it is low, a large amount must be replaced; if it is high, less drug will be necessary. The biologic half-lives of some common drugs are listed below:

Drug	**T½**
Belladonna	1-1½ hr.
Penicillin G	1
Theophylline	3
Sulfathiazole	4
Sulfamethoxypyridazine (Kynex, (R) Midicel (R))	34
Sulfasoxazole (Gantrisin(R))	8
Chlortetracycline (Aureomycin (R)	4½-5
Tetracycline (Achromycin,(R) Tetracyn,(R) etc.)	8
Sulfaethiodole (Sul-Spansion (R))	8

By evaluation of blood level data, the two criteria necessary for formulation of timed release products can be determined: (1) The amount of drug in the initial release portion. (2) The amount of drug in the sustained release portion.

Sulfaethidole may be used to illustrate a simple example. Administration of various initial doses of this drug shows that an initial dose of 2.0 Gm. is sufficient to achieve a blood level of

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10 mg. %, which has been proved clinically to give a desired therapeutic response. On the other hand, the rate of disappearance from the initial two gram dose is .20 Gm. per hour (Biological half-life of 8 hours). If the initial blood level is to be maintained, .20 Gm. of the drug must be released from the sustained portion every hour. If this is to continue for 10 hours, then the total amount of the drug in the sustained portion must be 2.0 Gm. (10 x .2 = 2.0). The total amount of drug in the tablet would then be 4.0 Gm.

Immediate Release + Sustained Release = Total

2.0 + 2.0 = 4.0 Gm.

It should be noted that the large dose required of this drug in a sustained release form does not make it an attractive candidate for such a product and has probably contributed to the lack of commercial success.

It is now up to the pharmaceutical chemist to devise a dosage form which will reflect this release pattern. In order to do so, the following physical, chemical, and biological properties must be taken into consideration: (1) If the dose of a drug is very large, the physical bulk of the active ingredients plus agents incorporated for slowing release would make unit dosage much too large. Consequently, drugs such as aspirin, sulfas, antibiotics, muscle relaxants, make questionable candidates. (2) Certain drugs already possess the intrinsic quality of long action (long half-lives). For example: digitalis, glycosides, reserpine, some sulfas, and tolbutamide. There is thus no need for a sustained release product as there is no assurance that a dosage form will remain in the gastro-intestinal tract for longer than 12 hours. It is not feasible to delay drug release for any longer than that period. (3) When placed in a sustained release form, manipulation of dosage becomes difficult. Thus, drugs for acute illnesses or conditions such as antibiotics and chemical anti-infectives are not good candidates. There is no flexibility of dosage, for instance, in cases where immediate high blood levels are desirable. (4) Some drugs are absorbed at different rates from different portions of the intestinal tract. Those drugs which are not absorbed well in the intestinal tract, for instance, riboflavin, should not be incorporated in sustained release products. Also, the site of B12 absorption is still questionable and oil soluble vitamins have inherent slow absorption properties. The case for sustained release vitamins is thus not well documented and their sale in Canada has been forbidden. Acidic drugs like salicylic acid and barbiturates, although well absorbed in the stomach are more slowly absorbed as pH increases, thus their availability is cut down in the intestinal tract. (5) Often drugs administered simultaneously with sustained release will alter their release patterns. Antacid preparations like aluminum hydroxide will increase disintegration of pH sensitive coats. Wetting agents such as dioctylsodium sulfosuccinate (Colace(R)—Mead Johnson & Co.) will increase release rate of many eroding and solution type products. Viscosity increasing agents (methyl cellulose) on the other hand decreases release rate.

The properties of drugs best suited for sustained release products are: (1) Short half-lives (due to rapid absorption and excretion). (2) Small dose. (3) Uniformly absorbed from gastro-intestinal tract. (4) Used in treatment of chronic conditions. The antihistamines, stimulants, anorexic agents, sedatives, and tranquilizers all fit these qualifications and have met with the most commercial success.

With this background, it is possible to examine the mechanisms by which timed release pharmaceuticals operate. The various types of products, how they are manufactured and their advantages and disadvantages will be discussed in next month's article.

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The Pharmacy of Benzocaine II

by B. F. Allen, Ph.D.*

The first article (**This Journal, 36,** 280, 1960) reviewed the properties and applications of benzocaine, specific formulas illustrated the nature of the use of this substance; and names of 84 commercial products containing benzocaine were listed.

It is the object of this paper to present a more detailed account of some practical information pertaining to this frequently employed material, as well as, additions, to the list of commercial products.

Benzocaine (ethyl aminobenzoate) is an example of an old local anesthetic which on occasions has been "forced" into a so-called obsolescence (almost planned) by researchers, writers, and many others involved in the pharmaceutical and allied industries.

A recent comprehensive historical review in a doctoral dissertation[a] further signifies the importance of this substance, and which is aptly supported by the continuous appearance of many and extremely varied commercial products containing benzocaine.

Many familiar drugs and their preparations have recently been given new "official" names by the Committees responsible for the U.S.P. and N.F. For example: ethyl aminobenzoate has been changed to "Benzocaine, N.F." and ethyl aminobenzoate ointment has been renamed "Benzocaine Ointment, N.F."

In recent years, some attention has been focused on the oral use of benzocaine as illustrated in the following prescriptions: (1) benzocaine 1.0, ammonium chloride 4.0, sodium salicylate 4.0, codeine phosphate 0.2, Cosanyl q.s. 120.0; and (2) benzocaine 6.0, codeine phosphate 0.4, potassium citrate 8.0, paregoric 30.0, tolu syrup 7.5, compound white pine syrup q.s. 120.0.

Questions have been asked about the safe and proper oral dose of benzocaine. The category assigned to this substance in the official compendium is "local anesthetic", and no "usual dose" given. One reference book formerly included a statement on "slightly soluble local anesthetics" and referred to their oral use for intestinal pains due to ulcers and other conditions. Another includes: "Dose, oral, from 200 to 400 mg." One writer states: "If it is the physician's judgment that his patient should have prescribed oral dosage (160 mg.), it is safe and proper to dispense it.

The following preparations illustrate some interesting oral uses of benzocaine (amount indicated in the parenthesis) in complex mixtures with many other therapeutic ingredients: Banausea tablets (100 mg.)—nausea and vomiting in pregnancy; Dainite tablets (16 mg.)—bronchial antispasmodic; Daptren[b] tablets (65 mg.)—prophylaxis against nausea and vomiting associated with radiation sickness; Nauseal tablets (30 mg.)—gastric ulcer; Pharagesic tablets (5 mg.)—common cold therapy; Proval capsules (10 mg.)— analgesic and sedative; Sperotabs (4 mg.)—antacid.

Many preparations have been put forward as deterrents to smoking, or as aids which one can use to curb the habit. Some are products that make smoking disagreeable. Others are tablets containing local anesthetic agents (such as benzocaine) to be taken instead of a cigarette. For example, Sitabs "Kit", a smoking inhibitor, contains three different tablets. Tablet-C (Sitabs) composition: lobeline sulfate 1.5 mg., aluminum hydroxide—magnesium carbonate co-dried gel 150 mg., methapyrilene hydrochloride 2 mg., benzocaine 2 mg.

However, it has been stated recently that it is difficult to grasp the purpose of a local anesthetic such a benzocaine in curbing the tobacco habit, and there is no reason to believe that these preparations have any special value. Whether hypersensitivity reactions to benzocaine and other anesthetics will occur after repeated exposure of the mucous membrane is unknown.

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*University of Maryland, School of Pharmacy.

[a] P. J. Levine, University of Maryland, School of Pharmacy (1963).

[b] Contains Emecaine, combination of ethyl aminobenzoate and aluminum hydroxide in 1:5 ratio, respectively.

The market is literally flooded with lozenges, troches and tablets containing benzocaine as an important active ingredient. These preparations are dissolved slowly in the mouth for the temporary relief of minor sore throats and mouth irritations. The advantage of soothing effect of many of these products is attributed to the analgesic, benzocaine. The popularity of this ingredient is exemplified by the following (not listed in first article): Afko-Thricin (5 mg.), Amotrocin (3.5 mg.), Baci-Troche (3 mg.), Benetrycin (5 mg.), Benzets (5 mg.), Bio-Kets (5 mg.), Biostan (5 mg.), Biotane (5 mg.), Bu-Thricin (5 mg.), Cillenta (2.5 mg.), Cilloral (5 mg.), Isodettes Super[c] (10 mg.), Iso-Thricin (5 mg.), Nilatus (1 mg.), Nymore (5 mg.), Oramets (5 mg.), Penesthettes (15 mg.), Robitussets (3 mg.), Romex (5 mg.), Sepo (5 mg.), Spectrocin-T (10 mg.), Sucrets Antibiotic, Teeds (10 mg.), Throcaine-T (5 mg.), Thry-Benzo (10 mg.), T-M (5 mg.), Trochons (5 mg.), Tyro (5 mg.), Tyrophyll (7.5 mg.), Tysodex (10 mg.), Tyzomint (5 mg.), Vio-Biotic (5 mg.).

In a study, investigators found that the most effective treatment to prevent general bacterial infection following dental extractions was a combination of systemic and local therapy as follows: On intramuscular injection of a penicillin-streptomycin mixture one hour before tooth extraction, plus an antibiotic troche, to be slowly dissolved in the mouth taken one-half hour before extraction. The troche contained penicillin, bacitracin, sulfadiazine and benzocaine. A troche which was slightly less effective, for use in penicillin-sensitive patients, contained neomycin, bacitracin and polymyxin.

Many toothache remedies, teething products and similar preparations containing benzocaine have been manufactured. Recently, a widely publicized advertisement has referred to an effective new formula lip balm. This product (contains: benzocaine, menthol, camphor, benzalkonium chloride, lanolin in a special healing base) gives instant soothing relief to lips, plus local anesthetic action to ease pain.

It can be assumed that fairly large amounts of benzocaine are swallowed during the general application of oral topicals and possibly even lip balm. Therefore, this further emphasizes it has a wide margin of safety.

Benzocaine is a local anesthetic of wide usage in ear preparations for relieving plain. In commercial products, this material (1 to 20 per cent) has been combined with the following active ingredients: antibiotics (chloramphenicol, erythromycin, neomycin, polymyxin B, terramycin, tetracycline, tyrothricin); sulfas (sulfabenzamide, sulfamylon); antipyrine; chlorobutanol; hexachlorophene; hexylresorcinol; hydrocortisone; phenylephrine.

In describing one of these ear drops (containing 5 per cent benzocaine), the manufacturer states the following as an advantage: "It contains benzocaine, a rapid-acting topical anesthetic of prolonged effect to relieve pain, burning, or itching." A statement is also made that the medication is contraindicated in patients sensitive to benzocaine.

The compound benzocaine also has a sunscreening capacity. It has been reported that this substance (0.001 per cent solution in ethyl alcohol) showed a great increase in sunscreening properties after a two-hour irradiation with a commercial sunlamp. Another irradiation test (O.1 per cent in propylene glycol) with a more powerful ultraviolet light source, showed that there was no loss in the sunscreening properties after a twenty-minute period (this test was comparable to over three hours of direct midday summer sunlight).

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[c] Regular contains 5 mg. benzocaine.

The photosensitivity or stability of sunscreens in the presence of ultraviolet light is an important property of any chemical screen. If the sunscreen loses its power to absorb the sunburn-producing radiations of sunlight, it is rendered useless. Therefore, benzocaine can be considered an efficient chemical sunscreen agent.

It has been stated: chronic exposure to sunlight is the arch enemy of the human skin; and apparently, skin changes usually interpreted as aging are due largely—if not entirely—to sunlight. Therefore, protective agents such as sunscreens should be incorporated into routinely used cosmetics (face powders and skin creams).

Of interest, pertaining to this subject, is the versatility of a proposed dental lotion (benzocaine 20 per cent, lotion base[d] q.s.). The writer has found this product to be effective in relieving the painful irritation of sunburn. Also, the suspension features a sunscreen agent which filters out the burning rays of the sun, and the remaining ingredients formulate a simple body lotion to soften and moisturize the skin while it tans. Although the initial concentration of local anesthetic (sunscreen) agent applied would be extremely high, much of it is washed away during the bathing operation (the concentration of benzocaine in sunscreening preparations is usually only to to 3 per cent).

It is difficult to realize the full potential of the above formulation. However, the writer can postulate the product as an all-purpose benzocaine suspension for relief of superficial burns, as a medication to deaden the patient's throat before insertion of a throat tube needed in many types of operations, lip lotion, and insect bite lotion. Of course, the concentration of the drug should be adjusted to the suggested use.

The general practitioner sees many patients who complain of itching, but despite all efforts, the physician may not be able to find a cause for the sensation. Many antipruritic remedies are available.

It has been stated, one, benzocaine, should be prescribed with extreme caution. Too often, patients find themselves itching more after the application of benzocaine than before its use. However, it is interesting to note the continued use of this substance in many commercial suppository and ointment-like preparations (for hemorrhoids and inflammation of the rectum).

The following is an additional list of specialties containing this local anesthetic (amount or concentration of benzocaine indicated in the parenthesis): Aerocaine (aerosol, 3%); Aerotherm (aerosol, 3%); Amercaine (suppos., 20%); Amercaine w/Neomycin (oint., 20%); Benzil-T (lot, 1.2%); Benzolex (oint., 0.75%); Chloromycetin Ear drop (1%); Derman-Medicone (oint., 5%); Derma - Medicone - HC (oint., 2%); Enzo-Cal (oint., lot, 3%); Epinephricaine (oint., 2.5%); Episcorb (oint., 1%); Hemothesin (oint., 10%); Histonium (liq., 1%); Ilotycin Otic w/Polymyxin B (5%); Luxan (oint., 1%); Medicone (2 gr. suppos.); Novothesia (liq., 8.17%); Penicillin Dental Cone (1 mg.); Phylea (oint., 7%); Predicaine (oint. 5%) Rectalyt (jelly, 6%); Rectalyt-HC (jelly, 6%); Rhulihist (lot 1%); Rhuli-Lotion (1%); Robacaine (lot); Salicide (oint., 2%); Stanoids (suppos.); Steri-Spray (aerosol); Tanurol (oint., 1%); Tigan (suppos., 2%); Trypsigel (oint., 1%); Tyroscabe (liq., 3.23%); Ziramel (oint., 1%).

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[d] Formula:

Glycerylmonostearate (N.E.)	5.30
Glycerin	2.00
Sodium lauryl sulfate	0.75
Methylparaben	0.15
Distilled water q.s.	100.00

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History of the Baltimore Veteran Druggists' Association

By B. Olive Cole and Herman M. Kling

The Baltimore Veteran Druggists' Association was organized September 10th, 1926. Those in attendance at the Hotel Rennert were: E. G. Eberle, E. F. Kelly, Samuel Y. Harris, Charles L. Meyer, Charles C. Neal, R.E.L. Williamson, Alfred R. L. Dohme, John B. Thomas, William F. Fouch, David R. Millard, George Bunting and A. G. DuMez. The following were invited but did not attend on account of previous engagements: H. A. B. Dunning, R. L. Swain and J. Fuller Frames.

When organized the membership consisted of active, associate and honorary members, and only those who had at least twenty-five years experience in pharmacy or some activity closely related to it were eligible for membership. Active members were those who were engaged in dispensing pharmacy. Associate members were those engaged in teaching, wholesale drug business, manufacturing pharmacy or some activity closely related to pharmacy. Persons of distinction engaged in or interested in pharmacy were elected as honorary members. The right to vote and hold office is limited to active members. In 1926 the active membership was limited to 25 and that of associate members to 15. In March 1950 the rules and regulations of the Association were revised — the membership to consist of active and honorary members, active members to be limited to 75.

R. E. L. Williamson was elected President and Dean A. G. DuMez Secretary and Treasurer.

Meetings are held on the third Wednesday of each month at 12:30 P.M. The annual dues are $5.00, payable in advance. The fiscal year of the Association is the calendar year and the election of officers is held in January and these hold office until their successors are elected. The date of birth of each member is recorded by the Secretary and the birthday of each member is celebrated at the first meeting following the date on which it falls.

Active members who reach the age of 75 become honorary members, and recognition of so becoming an honorary member is celebrated by the presentation of an anniversary cup. Most of the senior members have been recipients of these cups.

A special celebration was held at the one hundred and fiftieth meeting in September 1945, with 30 members present. The June 1949 meeting was held in the new building of the Noxzema Chemical Company. The dedicatory ceremony was followed by a tour of the building and an enjoyable luncheon. For several years joint meetings were held by the Baltimore Association with the Washington group — In 1949 at Log Inn, Sandy Point Highway near Annapolis; in 1950 at Olney Inn near Washington; in 1951 at Floyd's Restaurant, Edmondson Avenue and St. John's Lane; also in 1953, 1955 and 1957 at Floyd's Restaurant; 1954 at Olney Inn and 1956 at the Hot Shop, Langley Park, near Washington. These were very enjoyable joint meetings.

Regular meetings of the Baltimore Association have been held at the Rennert Hotel, the Lord Baltimore Hotel, Baum's, Pine Room Belvedere Hotel, New Howard Hotel and lately at the Student Union of the University of Maryland.

Annual Christmas donations have been made to the Pine Street Police Station, Convent of Good Shepherd, and other groups for use of those in need of assistance.

Andrew Heck was President, Otto Muehlhause was Vice-President when Dean DuMez died in 1948. W. J. Lowry acted as Secretary for the remainder of the year and was elected Secretary-Treasurer in 1949, From the organization of the group in 1926 there have been but three Secretary-Treasurers— Dean DuMez for 22 years, W. J. Lowry for 12 years and Dean Noel E. Foss elected in 1962. In general the Presidents and Vice-Presidents are elected for one or two years.

In 1949 B. Olive Cole was elected an Honorary Member and has enjoyed birthday celebrations with the group.

The Baltimore Veteran Druggists' Association constitutes a remarkable roster of pharmacists and those interested in pharmacy. The high calibre of the membership of the Association is shown by the background and interests of some members who were requested to participate in the preparation of this article.

Dr. L. M. Kantner began his career in pharmacy in 1903 in Martinsburg, West Virginia. Pharmacy in those days was really professional, the hours long and arduous and a stint of 14 hours at a monthly salary of $25.00 was usual for the pharmacy apprentice. His first position after graduating from the College of Pharmacy, University of Maryland, was with Andrew Heck of Patterson Park and Ashland Avenue. This pharmacy catered to an immigrant group and used an interpreter. In 1910 W. L. Campbell & Co. offered him an opening as a pharmacist at Park and North Avenues. This was a swank section in those days and Baltimore's elite and most interesting people patronized the pharmacy. When Dr. Campbell died the store was purchased by L. M. Kantner.

Dr. Kantner was appointed to the Maryland Board of Pharmacy to succeed the late George A. Bunting. Governors Lane, O'Connor and McKeldin re-appointed him. When the late Robert L. Swain was appointed editor of Drug Topics in 1939, Dr. Kantner was appointed Chief of Food and Drugs in Maryland, and also served as the Secretary of the Board of Pharmacy.

Dr. Kantner has always had the highest regard for pharmacy and pharmacists and those allied with pharmacy. He always tempered justice with common sense and mercy and when asked by the Federal Food and Drug Commissioner how he managed to keep the drug industry in Maryland so law abiding he replied "by the use of common sense."

Nelson Diener, President of the Association, started his pharmacy career at Gorrell's drug store in Culpepper, Virginia. This pharmacy was in a rural community and catered to the farm trade. Seeds, paints, oil and stock feed were sold. In 1910 he graduated from the School of Pharmacy, University of Maryland and was employed in an East Baltimore pharmacy where it was routine to make fluidextracts, tinctures and ointments. Then began the era of manufactured pharmaceuticals and the tasks in pharmacies became lighter.

Dr. Diener believes the neighborhood pharmacist is still the "Scientist on the corner" and that all efforts should be made to maintain the dignity of the profession.

Dr. Hyman Davidov recalls starting to work in a drug store in 1910. It was common practice in those days to compound ointments, emulsions, mixtures, troches and that bane of the druggist's existence—the suppository. The trend in pharmacy began to change. Manufactured tablets, capsules, ointments and liquids began to appear. Pharmacy became more simplified when the physician began using brand names. Now prescription work is much lighter, the hours are much shorter and, of course, the pay higher. While there is nostalgia for the so-called "grand old days" he views modern pharmacy as a proud profession and is eager for the present day pharmacist to carry the torch of professionalism.

Mr. Bernard Ulman, Sr. president of National Pharmaceutical Manufacturing Company started the manufacture of pharmaceuticals in 1926 when most drug stores made their own preparations and found a ready market for packaged and prepared items. Morris Rockman, chief pharmacist, since 1926 was sent to him from the School of Pharmacy, University of Maryland. The National Pharmaceutical Manufacturing Company, now in a four story building, is known for its quality merchandise and fine service. He is justly proud of his son—Bernard Ulman, Jr. who is an official of the company and doubles as a football referee for the National Football league.

Besides putting in a full day and a full week of work, Mr. Ulman, Sr. finds time to devote to some movie theatres on the Eastern Shore. He recently celebrated his 59th Wedding Anniversary. He well remembers President Roosevelt and the depression.

Mr. Ulman, Sr. believes that the future of the independent pharmacy is dim unless price protection for pharmaceutical products is provided. He urges that something be done promptly lest the indispensable neighborhood pharmacist becomes extinct.

Dr. Frank L. Black started his career in pharmacy at the tender age of 15 as an errand boy with Hynson, Westcott and Dunning pharmacists, and progressed from stock boy to bus boy in the prescription department. He graduated from the Maryland College of Pharmacy in 1904, remained with the firm and manufactured U.S.P. and N. F. preparations. He was made sales manager and the firm moved to Chase and Charles Streets. He became a stock holder and a Vice-President. After sixty years of active service in pharmacy, he is taking it a bit easier.

Dr. Black has taken an active interest in all phases of pharmacy. The Alumni Association of the School of Pharmacy when re-organized in 1926, elected him Treasurer. In 1926 he also became Treasurer of the Baltimore Retail Druggists' Association. He is a Past President of the Maryland Pharmaceutical Association and of the Baltimore Veteran Druggists' Association. He was a Masonic Past Master and Masonic Grand Inspector for 12 years.

Dr. Black believes that pharmacy is a great art and a great profession; that the pharmacists of today are better educated and trained and that the future holds no limits. With enthusiasm, he is of the opinion that pharmacists and pharmacy face new horizons.

There is a wealth of experience contained in the membership of the Baltimore Veteran Druggists' Association and pharmacy is indeed fortunate in having such an organization where the past, present and future is blended together to produce such an outstanding organization.

TOTAL RETAIL SALES CONTINUE RISING

Final September figures showed a total of $18.9 billion, up 0.7% over the $18.8 billion for September of 1962. Automotive was up 4.8% the general merchandise group (which includes Dept. Stores) increased 3.7% and the building group went up 2.7%. The following tabulation shows the Department of Commerce final data covering the first 9 months of the year (in millions of dollars):

FIRST NINE MONTHS

	1963	1962	% CHANGE
Food Group	$ 44,108	$ 42,652	+3.4%
Eating & Drinking Places	13,498	12,896	+4.7%
General Mdse. Group	19,310	18,004	+7.2%
Apparel Group	9,840	9,677	+1.7%
Furniture & Appliances	8,049	7,616	+5.7%
Lumber, Bldg. & Hardware	11,429	11,187	+2.2%
Automotive Group	33,699	31,409	+7.3%
Gasoline Stations	14,345	13,851	+3.6%
Drug & Proprietary	5,939	5,845	+1.6%
*TOTAL SALES	$160,217	$153,137	+4.6%

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*Includes data for kinds of businesses not shown above.

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Millers Forge Manicure Implements
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Gillette, Gem, Razors and Blades
Schick Blades and Razors
Eaton High Grade Stationery
Becton Dickinson Products
Kotex, Kleenex, Modess, Yes, Tampax
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Volume 22 NOVEMBER, 1963 No. 1

TAMPA News

The October T.A.M.P.A. meeting was something new — a "cook-out" on Saturday, October 5th at the Hilton Avenue Area of the Patapsco State Park. The menu was highlighted with 16 oz. sirloin steaks.

Park Ranger Robert C. Konkle spoke on the operation of Maryland State Parks.

The Annual T.A.M.P.A. Fall Ball was held on Saturday night, November 23rd, at the Southern Hotel.

LET'S STOP AND THINK

" 'Tis a little journey
This we walk;
Hardly time for murmurs
Time for talk
Yet we learn to quarrel
And to hate;
Afterwards regret it
When too late.
Now and then 'tis sunshine
Sometimes dark;
Sometimes care and sorrow
Leave their mark.
Yet we walk the pathway
Side by side;
Where so many others
Lived and died.
We can see the moral
Understand;
Yet we walk not always
Hand in hand.
Why must there be hatred,
Greed and strife.
Do we need such shadows
Here in life?
'Tis a little journey
Soon gone by;
Let's be friends together
Ere we die."

Anonymous

"The only security of all is in a free press . . . No government ought to be without censors; and where the press is free, none ever will."—Thomas Jefferson.

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PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

Our October meeting was well attended. Over 100 members heard how to fight discounters with service. The "Health Sav-A-Tax" Company showed how to build a favorable image for your pharmacy.

The Second Simon Solomon Economics Seminar of the M.P.A. was held in Baltimore on Thursday, November 14th. The Seminar was for retail druggists who appreciate that knowledge of the facts, coupled with the ability to make use of them in the conduct of their operation, is essential to success. An outstanding program was presented and should prove to be a real help to the retail pharmacist in competition with the super markets, the discount stores, the variety retailer and other outlets in the market place.

Our November 21st meeting was another first. Social Hour and refreshments were served from 9:00 P.M. to 10:00 P.M. Our meeting featured Philip F. Jehle, Washington representative of the N.A.R.D., who spoke on "Where We Stand Today on Quality Stabilization." Also invited were the senators and congressmen from Maryland. It was gratifying to see the large attendance at the meeting.

Our advertising program on transit buses in the Baltimore Metropolitan Area continues. Our message inside and outside the buses accents the importance of the neighborhood pharmacist. "Your neighborhood pharmacist may save your life—Don't discount your health." Remember that these messages speak for you. YOU are the neighborhood pharmacist.

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NEWS ITEMS . . . . . .

Maryland Pharmaceutical Association Fall Regional Meeting

PETER PAN INN—URBANA, MARYLAND—THURSDAY, OCTOBER 17, 1963

Top Row—Left to Right—President Cooley receives first President's Gavel Award from Loewy Drug President Philip Levin; Secretary Gruz introduces moderator; Panel moderator Roger W. Cain.

Bottom Row—Left to Right—Program Panelists: Samuel F. Higger, William E. Pannill and C. Robert Welsh.

Photos Courtesy Paramount Photo Service

The Fall Regional Meeting of the Maryland Pharmaceutical Association was held at Peter Pan October 17, 1963. The program was a panel discussion on "Pharmacist Employer-Employee Relations" with Roger W. Cain, Director of the American Pharmaceutical Association Membership Division.

Mr. Cain emphasized the necessity for full acceptance of employee pharmacists in pharmaceutical associations so that mutual problems could be worked out within the profession without turning to outside influences.

Samuel W. Higger of Higger's Pharmacy, Washington, D. C., presented the need for full consideration of the employee pharmacist's needs for recognition and status. All the requirements of the pharmacist's work, responsibilities and duties should be spelled out. Mr. Higger said he issues this as a pamphlet to his employees. He stressed that good personnel was the key to success in a pharmacy.

William E. Pannill, Director of Personnel of Peoples Drug Stores, gave credit to the accomplishments of his firm for its pharmacists. He attributed this to the motivation of the pharmacists by "human realistic employee relations—consideration for the person in response to satisfactory service." Leadership is necessary "in developing the potential in employees so they get maximum satisfaction out of their job and give their best efforts to their employer." For satisfactory performance by employees, one must consider security, recognition, environment and leadership.

C. Robert Welsh, pharmacist of Baltimore and Ocean City, Maryland, brought the viewpoint of the employee pharmacist. He reported that an informal survey indicated that employee pharmacists look for a regular, reasonable schedule; prevailing salary and a compatible personality in an employer. In return they would give loyal service and promote the welfare of the pharmacy. He pointed out that if employee pharmacists were not treated as colleaues, but as employees, they would act simply as employees. Employee pharmacists desire to contribute toward the success of an establishment if employers would only let them.

PHARMACY FOR SALE

Pharmacy for sale, northern Virginia, 40 miles west of Washington, due to death of Pharmacist owner. Terms can be arranged. Mrs. Schultz, La Plains Pharmacy, La Plains, Virginia. Phone 253-5275.

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Washington Trip For Quality Stabilization

The bus trip to Washington, D.C. on behalf of the Quality Stabilization Bill (S. 774-H.R. 3669) on November 7th proved a great success. Arranged by the Ladies Auxiliary of the Alpha Zeta Omega Pharmaceutical Fraternity, the group consisted of a bus load of pharmacists wives, pharmacists and others associated with Pharmacy.

The group went directly to the Senate Office Building where they attended a hearing before the Senate Commerce Sub-Committee under Senator Vance Hartke of Indiana. After the adverse testimony by Richard H. Holton, Assistant Secretary of Commerce for Economic Affairs, some members of the group met the witness and pointed out the deficiencies in his testimony and the reasons for Quality Stabilization.

This was followed by lunch served in the Senate Building. Senator Hartke and Senator Hubert Humphrey addressed the group with informative and stimulating talks. Jay N. Price, legislative assistant to Senator Beall, also spoke.

Following luncheon the group went to the Capitol and met with Senator J. Glenn Beall and Senator Daniel B. Brewster.

Mrs. Morton Silverstein and Mrs. Bernard Lachman were in charge of arrangements. They were assisted in Washington by Mrs. Harold Goldfeder and N.A.R.D. representatives Philip Jehle and Joseph Cohen.

Secretary Nathan I. Gruz, who accompanied the group, had previously addressed the Ladies Auxiliary of A.Z.O. at their meeting on October 17th. He explained the provisions of the Quality Stabilization Bill and distributed literature. A question and answer period clarified many aspects of this legislation.

Maryland delegates at Senate hearing on Quality Stabilization Bill

—Photos courtesy Paramount Photo Service

Richard Holton, Assistant Secretary of Commerce (Third from left) with Maryland Delegation.

Mrs. Morton Silverstein, Mrs. Bernard Lachman, Secretary Gruz, Bernard Lachman ready for trip to Washington, D.C.

Senator Hubert Humphrey with Maryland Delegation.

Senator Daniel B. Brewster

Senator J. Glenn Beall

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APhA Officers For 1964-65

J. Curtis Nottingham, practicing pharmacist and a leader in Virginia pharmacy, was declared president-elect of the American Pharmaceutical Association by the Board of Canvassers in a heavy mail ballot.

Mr. Nottingham addressed the Maryland Pharmaceutical Association as a panelist at the 1962 Convention program panel on "Changing Patterns in Pharmacy." His topic was "The Emerging Organizational Structure of Pharmacy."

The position of first vice president-elect went to Thomas J. Macek, immediate past-chairman of the APhA Scientific Section and Director of Pharmaceutical Research and Development for Merck, Sharp and Dohme Research Laboratories. Practicing pharmacist James W. Alexander of Minneapolis, Minnesota, and president of the Northwest Minnesota APhA Chapter, was elected second vice president-elect.

Councilors-elect include Seattle, Washington, practicing pharmacist Robert E. Lee; NABP secretary, Fred T. Mahaffey; and Ohio State University College of Pharmacy Dean, Lloyd M. Parks.

These officers were elected in a mail ballot by active APhA members in good standing, and the votes, tabulated for the first time by the IBM Service Center, were verified by the Board of Canvassers consisting of R. David Allen of Arlington, Virginia, chairman; Alvin N. Geser of Trenton, New Jersey; and Nathan I. Gruz of Baltimore, Maryland, The Canvassers met at APhA headquarters.

The newly elected officers will be installed at the conclusion of the APhA Annual Meeting in New York City, the week of August 2, 1964. The present officers who will continue to serve through the 1964 annual meeting are Robert J. Gillespie, president; John Stadnik, first vice-president; and Mike Harris, second vice president.

The Honorary President of the APhA is elected by the House of Delegates annually, and the Executive Director and Treasurer are elected triennially by the House of Delegates. Thomas A. Foster, of Washington, D.C., currently serves as Honorary President, while William S. Apple of Washington, D.C., was elected Executive Director and Hugo H. Schaefer of Yonkers, New York, was elected Treasurer for a three-year term at the 1962 annual meeting.

The president-elect of the APhA was born in 1912 and is a graduate of the Medical College of Virginia School of Pharmacy. He established a community pharmacy in Williamsburg, Virginia, in 1955, and opened a second pharmacy there in 1958. He was the first full-time Executive Secretary of the Virginia Pharmaceutical Association and is past president of the National Conference of State Pharmaceutical Association Secretaries. He is immediate past First Vice President of the APhA, and when he receives the presidential gavel from Robert Gillespie next year, will be the second consecutive pharmacist to come from a state which has affiliated with the American Pharmaceutical Association.

Morris L. Cooper, Chairman of the M.P.A. and B.M.P.A. Pharmacy Week Committee, was the after-luncheon speaker at the annual meeting of the Washington, D. C. Area Medical Library Group on October 26th, held at the Health Sciences Library of the University of Maryland in Baltimore.

Mr. Cooper, a past president of the Baltimore Metropolitan Pharmaceutical Association, and twice winner of first prize in the National Pharmacy Week Window Display Contest of the American Pharmaceutical Association, presented a talk with slides on "Pharmacy Through one Druggist's Window". The presentation included many fascinating historical facts and evolved great interest among the medical librarians.

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National Pharmacy Proclamation issued by Governor J. Millard Tawes. Right to left: Morris L. Cooper, Chairman; Donald Schumer; Gov. Tawes; Mary Myer's, Pharmacy Student; Secretary Nathan I. Gruz.

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Baltimore Mayor Theodore R. McKeldin issues Pharmacy Week Proclamation to (Right to left): Phyllis W. Brill, B.M.P.A. President Aaron M. Libowitz and Chairman, Morris L. Cooper.

Prince Georges-Montgomery County Pharmaceutical Association News

Paul Reznek, hardworking and conscientious Secretary and Editor of the "Bi-County Pharmacist" has resumed his duties after recuperating from major surgery at Prince George General Hospital.

The Ninth Annual Dinner Dance was held at the Prince Georges Country Club on October 23, 1963. There was an excellent turnout of members and friends participating in festivities. The Ladies Auxiliary wrapped the many prizes awarded at the home of Edna Yaffe. Gerald Dechter and Dominic Vicino were in charge of reservations and arrangements.

Herman Taetle was in charge of the golf tournament in the afternoon.

The regular business meeting with an open forum afterwards was held Wednesday, November 13th, at Hofberg's Restaurant.

B.M.P.A. Meetings

OCTOBER MEETING

The meeting of the B.M.P.A. on October 31st featured a program entitled "A Program to Get and Keep Prescription Patrons." Arthur Weiner, President of Banner Business Forms, Inc., presented the Health Sav-A-Tax system, which is a valuable tool for providing professional service to patrons of pharmacies. Mr. Weiner discussed the advantages of proper patient record systems in pharmacies. These records provide a convenient aid to the pharmacist, physician and patient. Important information, such as drug reactions and idiosyncrasies, can be recorded. Much time can be saved when patrons lose their prescriptions. Information on purchases for tax deduction and insurance purposes can be easily furnished. The drug history for an individual or families can be made readily available to physicians upon inquiry.

NOVEMBER MEETING

"Quality Stabilization — Where We Stand Today" was the subject of a timely report by Philip F. Jehle, Washington representative of the N.A.R.D., on November 21st. Mr. Jehle, formerly counsel to the Senate Small Business Committee, presented up to date information as to the status of the Quality Stabilization Bill in both the Senate and House of Representatives. The bill is pending in the House Rules Committee after an almost unanimously favorable report by the House Inter-State and Foreign Commerce Committee. In the Senate, hearings before the Senate Commerce Sub-Committee have not been completed but are expected to be finished by the end of the year. Mr. Jehle commended the Maryland and Baltimore Pharmaceutical Associations for the excellent support on behalf of Quality Stabilization. He stressed the valuable results of the trip to Washington on November 7th by a large group from Baltimore which had been organized by the wives of pharmacists.

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News of The Secretary

Nathan I. Gruz, Executive Secretary and Editor, attended the conference of Pharmacy Journal Editors on November 20th in New York.

Secretary Gruz also attended the meeting of the Executive Committee of the National Conference of State Pharmaceutical Association Secretaries that evening. He was appointed Secretary of the National Conference effective February 1, 1964, succeeding William J. Dixon, Executive Secretary of the West Virginia Pharmaceutical Association. Mr. Gruz also serves as a Regional Director of the Metropolitan Pharmaceutical Association Secretaries.

OBITUARIES

Maude B. Piquett, 79, who operated a pharmacy on Frederick Avenue until her retirement 4 years ago, died on October 4th. The pharmacy had been founded by her husband, Alfred M. Piquett, in 1905 and she took over upon his death in 1918. She became an assistant registered pharmacist in 1924 and a registered pharmacist in 1940. She had been a member of the Maryland Pharmaceutical Association. She is survived by two daughters, Mrs. Alma Mueller and Mrs. Mahle Elder, four grandchildren and five great-grandchildren.

* * * * * *

Hugh E. Hudson, 59, the proprietor of Hudson's Pharmacy in St. Michaels, Md. for more than a decade, died in Eastern Memorial Hospital on November 23rd. He had served with Merck, Sharp & Dohme in Baltimore for 18 years. A native of Scottsville, Va., he was a graduate of the Medical College of Virginia. He was a member of the Maryland Pharmaceutical Association and also a director of the St. Michaels branch of Maryland National Bank and a member of the Elks and the Talbot County Isaac Walton League.

He is survived by his wife, Mrs. Maude Hudson; two sisters, Mrs. Ruth Carter and Mrs. Robert Vincent, and a brother, Thomas Hudson.

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(Act of October 23, 1963; Section 4369, Title 39, United States Code)

1. Date of filing: October 29, 1963

2. Title of Publication: MARYLAND PHARMACIST

3. Frequency of issue: Monthly

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6. Names and addresses of publisher, editor and managing editor:

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Editor: Nathan I. Gruz, 650 W. Lombard Street, Balto., Md. 21201

Managing Editor: Nathan I. Gruz, 650 W. Lombard Street, Balto., Md. 21201

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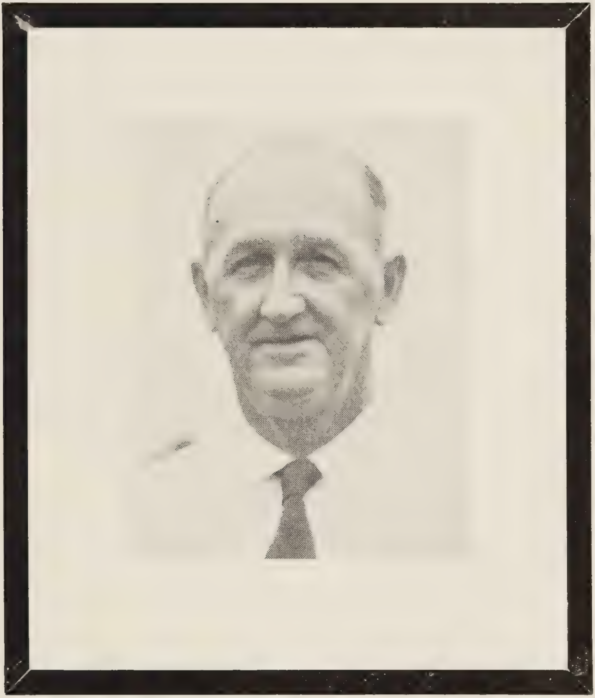

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1891 - 1963

VOLUME XXXIX - NO. 3 DECEMBER 1963

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The Maryland Pharmacist

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Volume XXXIX DECEMBER, 1963 No. 3

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GORDON A. MOUAT

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Editorial . . . . . .

John F. Wannenwetsch

A Tribute—

All segments of the drug industry in Maryland mourn the death of our beloved friend, John F. Wannenwetsch.

One could see that his life was gradually ebbing away and when the end did finally come, while anticipated, it dealt a very severe blow to his many friends in pharmacy.

It seems difficult to realize that the man who has done so much for his profession in so many ways will no longer be with us to help solve the numerous problems now confronting our profession, but the inspiration he left behind cannot fail to give us the necessary courage to carry on.

Among the happiest moments of my life was when I was assigned the task of presenting the Alumnus Award to the late Jack Wannenwetsch, as I considered it a rare privilege to do honor to one of the finest men it has ever been my privilege to know. I glady accepted the assignment because it gave me an opportunity to let all in Pharmacy know of my feelings for a man with whom I had been closely associated for many years.

If I should be asked to tell of any one outstanding achievement he had accomplished to merit the award, I am afraid I would be unable to answer, but I could readily tell you that he possessed those rare qualities which are so essential, but often lacking, in so many individuals: the ability to exercise sound judgment and good common sense.

I do not hesitate to say in all sincerity and honesty that if Pharmacy has been carried on a high level and built on a solid foundation here in Maryland, legislatively, educationally, professionally or otherwise, then it can be said without any equivocation whatsoever, that his sound judgment, advice and wise counsel has been a contributing factor in making it so. Those who knew him intimately had the highest regard and utmost respect for his sensible approach on pharmaceutical matters as well as his honesty and integrity in all his dealings.

My respect and admiration for him were all the greater because he loved the profession which he served so long and never at any time spoke critically of it. Practically his entire adult life, from the day he graduated, he gave unstintingly of his very valuable time, effort and energy to further the interests of the profession of which he was so proud and valued so highly.

Despite his activities in association work and other outside interests, he and his associates conducted one of the most outstanding, as well as highly successful, pharmacies in Maryland.

He was not a person who could sway one with his eloquence as an orator, but at the conference table the respect he commanded, with the soundness of his judgment, always made a profound impression upon his fellow pharmacists and always generally accepted.

The impact left upon Pharmacy by the man who has done so much to elevate the standing of his profession will live on for many years to come.

His passing is an irreparable loss and Pharmacy is all the poorer because of it.

We extend our deepest sympathy to the members of his family to whom he was so deeply devoted.

—Simon Solomon

JOHN F. WANNENWETSCH

1891 - 1963

A LIFE OF SERVICE TO HIS FELLOW MAN AND TO HIS PROFESSION

Dr. John F. Wannenwetsch, the Baltimore pharmacist who had served as treasurer of the Maryland Pharmaceutical Association for a quarter of a century, died in Baltimore on Tuesday, December 3, 1963 at the age of 72. He was born in Baltimore in January 1891.

He graduated from the Baltimore Polytechnic Institute in 1910. He had become interested in pharmacy as a career through the fascination that his neighborhood pharmacy had for him. He graduated from the University of Maryland School of Pharmacy in 1913 with the degree of Doctor of Pharmacy. He entered the field of community pharmacy practice and at the time of his death was a partner in the Irvington Pharmacy, with which he was associated since 1926. Walter J. Patterson and James P. Cragg were associated with him.

A bachelor, he devoted himself to the affairs of every facet of the profession of pharmacy. He achieved recognition with the election as president of the Baltimore Retail Druggists Association, now the Baltimore Metropolitan Pharmaceutical Association, in 1935. He served as treasurer of the Maryland Pharmaceutical Association from 1936 until 1953 and from 1955 until April 1963, when he resigned due to ill health. The title of Treasurer Emeritus was then conferred upon him. He was elected to Honorary President of the Maryland Pharmaceutical Association in 1955. A precedent was set with his election again in this position this year.

The banquet at the Annual Convention of the Maryland Pharmaceutical Association this year was tendered as a testimonial tribute to John F. Wannenwetsch. On November 14th the Executive Committee of the Maryland Pharmaceutical Association established a John F. Wannenwetsch Fund for scholarships and the advancement of pharmacy.

He was elected president of the University of Maryland School of Pharmacy Alumni Association for 1936-37. In 1955 he was elected Honorary President and received the Honored Alumnus Award from the Alumni Association. In 1953 he was elected an Alumnus Member of the Rho Chi Pharmaceutical Honor Society.

He was a member of the American Pharmaceutical Association and the National Association of Retail Druggists, both of whose conventions he attended regularly. He was also a member of the Baltimore Veteran Druggists Association, the Wedgewood and Arex Clubs. He was elected to the Board of Directors of the Calvert Drug Company in 1940 and served as its secretary since 1942.

Jack (as he was affectionately known to his friends and colleagues) was a pillar of strength to the profession of pharmacy in Maryland. He worked unceasingly for his professional associations and his Alma Mater. He was a person one could count on when there was a task to be done.

The Terra Mariae year book of the University of Maryland School of Pharmacy said in 1955: "He is ready to assist in any endeavor for the benefit or betterment of pharmacy, never giving advice in a severely critical manner, but always in a straightforward helpful manner."

He is survived by a sister, Mary H. Wannenwetsch, a nephew, James P. Cragg, and a niece, Katherine Cragg Horney.

Resolution On The Passing Of John F. Wannenwetsch

BY THE EXECUTIVE COMMITTEE OF THE MARYLAND PHARMACEUTICAL ASSOCIATION

WHEREAS, the late John F. Wannenwetsch served the profession of pharmacy in a dedicated manner, giving of his time, efforts and resources unselfishly, always working for the advancement of pharmacy, professionally and educationally, never turning away a request which was in the best interest of pharmacy,

AND WHEREAS, he served faithfully and in an exemplary way as a member of the Maryland Pharmaceutical Association and as treasurer for twenty-five years,

BE IT HEREBY RESOLVED that the Maryland Pharmaceutical Association commends the late John F. Wannenwetsch and extends heartfelt sympathy to his family on the great loss to his family, friends, the Association and the profession of pharmacy.

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President's Message . . . . . .

Dear Fellow Members:

The lifeblood of our association is, of course, its membership. It is the number of pharmacists and those allied with Pharmacy in Maryland which will determine the strength of the Maryland Pharmaceutical Association in 1964.

Dues bills for 1964 have gone out and it is wonderful to see not only the renewals coming into the office, but also to see so many new memberes. Perhaps, most important, is the fact that so many employee pharmacists who were formerly Associate Members are now enrolling as full Active Members. In addition, many pharmacists—both employer and employee in community pharmacies and in hospitals—are joining their state professional pharmaceutical organization.

It is good to see progress in developing the necessary organizational basis for Pharmacy in Maryland. I think all can see that thorough organization on local, state and national levels is a must if we are going to be able to have the required prorams in our profession.

Looking ahead, I hope all of you will give proper attention to the announcements which you will be receiving as to programs in the next few months. A great deal of effort, time and money goes into these projects. I urge all of you to arrange to attend the Dr. Robert L. Swain Pharmacy Seminar on March 12th, the Spring Regional Meeting in Easton on April 19th and the 82nd Annual Convention in Atlantic City in June.

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President

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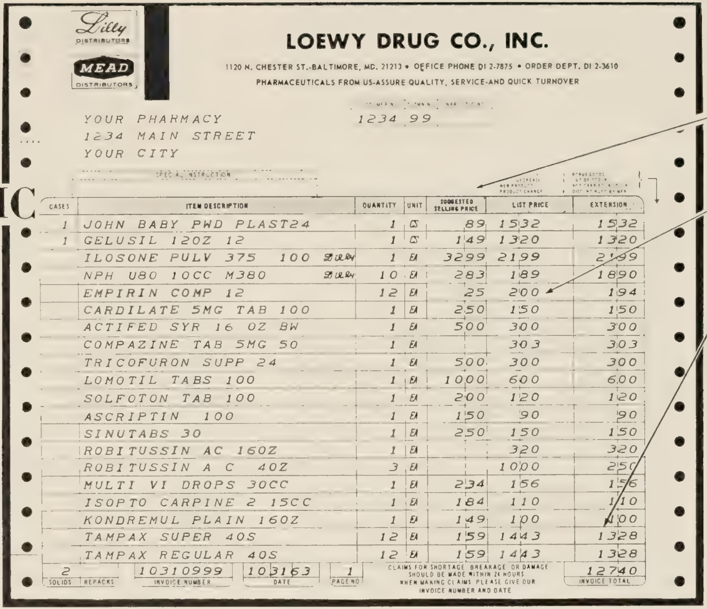

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	ASCRIPTIN 100	1	EA	150	90	90
	SINUTABS 30	1	EA	250	150	150
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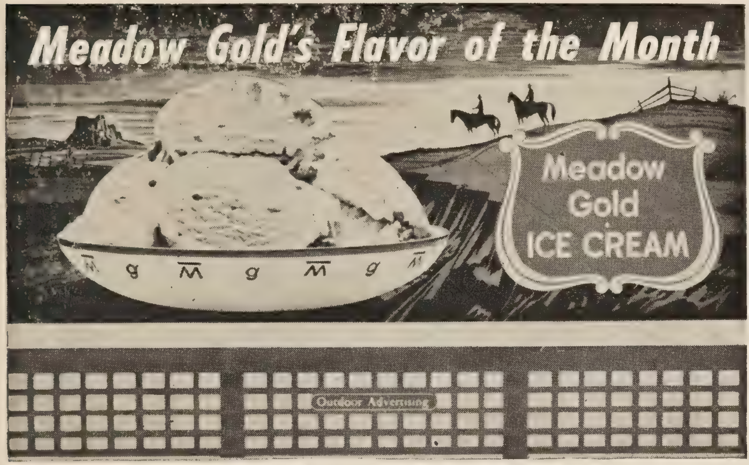
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Secretary's Script . . .

A Message from the Executive Secretary

A study of the history of some professions in this country indicates that their success in achieving their goals has been the result of effectively organizing the large majority of their group.

Mobilizing the support of every pharmacist in Maryland has consumed much of our time and effort. We have had gratifying results over the past two years in enrolling the pharmacists in the state individually. During 1963 the formal organization of all the pharmacists in the state and into local organizations has been completed. Although these groups are autonomous and independent, there are close ties with the Maryland Pharmaceutical Association.

Study continues as to how to best coordinate the activities of the local groups with the M.P.A. It is obvious that a strong profession with maximum influence and effect will be achieved when some pattern of affiliation between the local and state groups is realized.

The two new groups—the Eastern Shore Pharmaceutical Society and the Tri-County Pharmaceutical Association—need a great deal of dedicated spirit and work from the pharmacists of their respective areas in order to become effective. In addition, the Maryland Pharmaceutical Association, through its officers and staff, will continue to provide every assistance and service possible to assure the maintenance of vigorous local groups which will properly serve the members, the profession and the public health.

When you are contacted concerning the M.P.A. Pension Service, read the literature and allow the representative a few minutes to explain the advantages and benefits of the various plans. Perhaps you may be pleasantly surprised that there is a plan that fits into your requirements or may be of value as part of retaining a valuable employee.

Pursuing its desire to provide more services to member's, a group Life Insurance Plan will be made available at considerable savings. It merits your attention when the details reach you.

The M.P.A. is demonstrating by concrete achievements in legislation, interprofessional relations, and in many other ways, such as providing valuable services, that is a vital part of Pharmacy in Maryland.

Sincerely,

Nathan I Gruz

Executive Secretary

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Maryland Board of Pharmacy

Examination Results

The Maryland Board of Pharmacy met at the office of the Secretary, 301 West Preston Street, Baltimore, on Wednesday, December 18, to canvass the grades made in the examinations conducted by the Board of November 6, 7, and 8, 1963. Registration was granted to the following:

Barbara A. Baker
Eugene G. Borg
Gloria Chang
Robert Chang
Sheila K. Dorman
John J. Freeman
Bennett A. Friedman
Louis M. Gatto
Robert C. Griffith, IV
Henry J. Gwiazda
Carl R. June, Jr.
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Bernard G. Mallinder
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Herbert R. Moroch
Betty J. H. Neal
Leonard H. Newburger
Joseph P. Pazel
Robert M. Rapier
Martin Schlager
Lawrence M. Schultz
Herbert E. Silverman
Charles E. Thomas
Beverly A. Weaver

Mr. Robert P. Hackley passed the theoretical examination, but registration is withheld until he has met the legal requirements for practical pharmacy experience and has passed an examination in practical pharmacy.

The following had previously passed the theoretical examinations, and by virtue of having passed the practical pharmacy examination at this time, registration was granted to them:

Walter H. Abel
Marjorie S. Abramowitz
Alvin G. Antwarg
Jeanne A. Baker
David E. Banks
David D. Barron
William H. Batt
Michael T. Benson
David A. Blake
Don L. Bradenbaugh
Marshall P. Brownstein
Irving M. Bruckheimer
Stanley J. Burns
Yale H. Caplan
Michael D. Cohen
William N. Cornias
Alvin Ezrin
John F. Fader, II
Stuart L. Friedel
Sidney Gutsin
Robert W. Henderson
Irwin A. Heyman
Ronald M. Hopkins
Martin N. Jacobs
Aaron Kadish
Thomas H. Keller, Jr.
Mary S. Larner
Henry M. Levi
Stephen P. Levin
Paul R. Lieberman
John P. Luby
James F. Mendelsohn
Thomas R. Monilaws

Jerome Newman
Joseph Pariser
Paul R. Perzynski
Robert M. Pilson, Jr.
Chester L. Price
Budne C. Reinke
Vito M. Rella
James R. Ritchie
John R. Sanseverino
Alan E. Sapperstein
George Schechter
Frank W. Scholtz
Daniel S. Shaner
Leon D. Shargel
Philip S. Shermak
Jan N. Silverman
Valentine R. Sobczak
Julian N. Sober
Allan Spak
Emanuel Steuerman
Ettore M. Tristani, Jr.
Kenneth C. Ullman
James J. Welsh, Jr.
John W. Wilson
Stuart Winakur
Dennis S. Woods
Susan Yee
Reid A. Zimmer

Drug Store Changes

The following are drug store changes for the months of October and November:

NEW

Professional Pharmacy, William C. Harris, Prop., 101 Main Street, Baltimore 22, Maryland.

Montgomery Ward & Company, Retail Store Pharmacy, Martin I. Wolfovitz, Pharmacist, 998 S. Monroe Street, Baltimore 32, Maryland.

Gem Drug Company, Inc., Robert Presler, President, 3130 Branch Avenue, Suitland, Maryland.

Deist Pharmacy, Freeman P. Deist, Prop., 307 E. Main Street, Frostburg, Maryland.

Metro Drugs of Randolph Hills, Inc., Harold M. & Leo Goldfeder, Props., 4880 Boiling Brook Parkway, Rockville, Maryland.

American Drug Centers Corporation, James Y. Mobley, 6302 York Road, Baltimore 12, Maryland.

Peoples Service Drug Stores, Inc., G. B. Burrus, President, South Hagerstown Shopping Center, Hagerstown, Maryland.

CLOSED

Dart Drug Corporation, Bethesda, 7227 Wisconsin Avenue, Bethesda, Maryland.

CHANGE OF OWNERSHIP

Arnold Pharmacy, Arnold Friedman, Prop., Arnold, Maryland. Formerly: Noel E. Durm, Prop:

Raven Park Pharmacy, Inc., Julian I. Sober, President, 1714 Northern Parkway, Baltimore 12, Maryland. Formerly: Loch Raven Pharmacy, Inc., Harry Sylk, Prop.

Doctors Pharmacy, Inc., Sophia Oberfeld, Lillian R. Kopin & Rose Cohen, Props., 1501 E. 33rd Street, Baltimore 18, Maryland. Formerly: Leonard Goldberg, President.

Patrick's Pharmacy, David Yevzeroff, Prop., 5620 Kenilworth Avenue, Riverdale, Maryland. Formerly: Harold M. & Leo Goldfeder, Props.

Ednor Pharmacy, Louis H. Witzke, Prop., 3536 Ellerslie Avenue, Baltimore 18, Maryland. Formerly: Edmund H. Edmonds, Prop.

Dart Drug Corporation, Herbert H. Haft, President, 7307 Old Georgetown Road, Bethesda, Maryland. Formerly: Save-Mor Drug, Albert Pearlman, Prop.

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Second Simon Solomon Pharmacy Seminar

The Second Simon Solomon Pharmacy Economics Seminar was held at the Warren House Blue Crest North on November 14th. This Seminar is named in honor of Simon Solomon in recognition of his outstanding contribution to the advancement of the profession of pharmacy, both professionally and economically.

This seminar is a recognition by the Maryland Pharmaceutical Association that the practice of community pharmacy must be on a sound economic foundation. The purpose is to bring to all in pharmacy the knowledge and experience of experts in various phases of merchandising and business management.

The program was acclaimed by those who attended as a valuable contribution in developing concrete ideas and approaches to the problems facing pharmacists in their community practice.

The program featured the following:

Raymond A. Gosselin, President, R. A. Gosselin & Company—"New Perspectives in Pharmaceutical Practice". Future role of the independent pharmacist—a ten year prediction; Clarence M. McMillan, Executive Secretary, National Candy Wholesalers Association—"Trends in Candy Sales". The nation's expert on candy sales spoke on how to get maximum profits from a candy department. Merchandising tips from candy specialists; William W. Mee, President, Point-of-Purchase Advertising Institute, Inc.—"Drug Store Brand—Switching and Impulse Buying". How your displays influence the brands you sell and increase impulse purchases—Fight Discount Competition; Raymond Shroyer, Sales Supervisor, Max Factor & Company—"Increasing Cosmetic Department Profits". Outstanding merchandising ideas—Location—Size—Number of Lines—Cosmetic trends—Training for greater sales; Baron G. Helbig, President, Baron G. Helbig & Co., Business Consultant and Investment Analyst—"How to make the Tax Laws work for you." Expert knowledge on saving money on income taxes. Advantages of incorporation, partnership and sole proprietorships; John Alexander, Davol Rubber Company—"Exclusivity". The vital role which prescriptions and prescription accessories play in establishing a professional image; the importance of this image during these competitive times; the way that an image can be established and merchandised. The presentation also included a slide show covering Surgical Appliances, Colostomies and Ileostomies.

After welcoming remarks by Aaron M. Libowitz, Chairman, Trade Relations Committee of the Maryland Pharmaceutical Association, which was in charge of the Seminar, Mr. Simon Solomon, the guest of honor, responded with the following address:

PHARMACY ECONOMICS AND SURVIVAL

It is indeed a real pleasure to be here today with so many of my colleagues and friends with whom I have been associated for so many years. I have always been most happy and content when working together with many of you on important problems so essential to our future welfare and when one finds happiness, enjoyment and contentment in what he is doing, to me that is the most important thing in the world because contentment is a sort of a peaceful kind of happiness.

The Seminar Committee is to be highly commended for having with us such prominent speakers, all of whom are authorities in their particular field. A program of this nature, like any other successful undertaking requires an immense amount of detail work and this responsibility lies mainly with the secretary, Nathan Gruz, to whom we are deeply indebted, but the man who deserves to be recognized for an outstanding job, is the chairman, Aaron Libowitz for his untiring efforts and hard work over many months.

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—NOW—

I feel sure I speak for all the pharmacists when I say that we are very grateful for the solid foundation you are laying for this program to better economic conditions for the benefit of the independent retail pharmacist, and there can be no doubt, Secretary Gruz, Chairman Libowitz and members of the committee that the fruits of your labor shall be well rewarded and recognized in the years to come.

I again want to express my profound gratification that this Economic Seminar has been established here in Maryland. The main fact that a Seminar has been established is ample proof that serious economic problems face retail pharmacists not only here in Maryland but also in many other parts of the country, and that there is urgent need to have these problems recognized and understood if retail pharmacy, especially as it applies to the independents, is to successfully withstand these growing pressures from our many giant competitors.

I am sure I do not have to tell you how grateful I am for the Seminar bearing my name, and while on many occasions I have not succeeded in doing the job you have expected of me, the honor you have seen fit to bestow upon me is more than ample reward for what little I have accomplished.

Like all of you, I am very much concerned with the aims and purposes of the Seminar, as I am convinced it can be highly beneficial to our thinking, and the daily demands of retail pharmacy, provided we do not fail to realize the economic problems which now loom so heavily upon the horizon of retail pharmacy everywhere.

The American Pharmaceutical Association should be commended for its effort to improve the public image of the profession of pharmacy, but it seems to me that in some other respects the attitude of its leaders, although I do not question their sincerity, is not always in the best interests of a majority of independent retail pharmacists.

There are some who feel we should conduct our pharmacies in a strictly professional atmosphere, but it seems to me that the position taken by the American Pharmaceutical Association and others in this respect makes it most difficult for the National Association of Retail Druggists to assist its members in solving their economic problems. I personally do not see any conflict between professionalism and commercialism as it is now practiced by a large majority of community pharmacies.

The pharmacists of the country, most of whom are members of both national associations, should strongly urge that there be closer cooperation between the American Pharmaceutical Association and the National Association of Retail Druggists in the way of having an inter-professional and public relations program, not only to enlighten the public as to the real value of the community pharmacy from a professional and economic standpoint, and the many services it renders, but also, to support legislation in all states for the betterment of pharmacy by fighting the encroachment in our industry by supermarkets, union established pharmacies, dispensing physicians and many other problems detrimental to our welfare.

Unfortunately, the constant bickering between the leaders of these two associations as to what constitutes the duties of the community pharmacy is not in the best interests of their members, the large majority of whom are independent retail pharmacists. This is no time for lack of unity. I feel sure the above program could be accomplished if the National Conference of State Pharmaceutical Association Secretaries, who represent the owners of more than 50,000 retail pharmacies, as well as employee pharmacists, would take the initiative and courageously face the issue.

Both the American Pharmaceutical Association and the National Association of Retail Druggists have their

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rightful place in pharmacy. Their leaders must be made to realize that one cannot take the place of the other. A House divided is assuredly detrimental to the progress of the thousand upon thousands of the members who have every right to look for guidance and counsel as well as wise leadership from their parent organizations. Pharmacy can be only as strong as the American Pharmaceutical Association and the National Association of Retail Druggists want it to be.

As the years roll by, it is very evident that competitive pressures are building up on all fronts, especially in the drug field, and 1964 could be a very crucial year for the economic welfare of many independent retail pharmacists. With giant operators encroaching upon our territory more and more, it is very obvious that the community pharmacy will be forced to the limit to maintain its rightful position in the distribution of drugs and medicines and the wide variety of traditional drug store products. Make no mistake about it, the independent must fight as he has never fought before for his economic survival. The problems of the retail pharmacist are being intensified and irritated by the profound changes now so prevalent throughout the entire field of retail distribution. But instead of attempting to condone, minimize or explain away the economic pressures bearing down upon the independent retail pharmacists, it should be our constant purpose, through such means as these Seminars to strengthen the economic foundation underlying the distribution of drugs, medicines and medical supplies.

The statement has been made, and rightfully so, that if retail pharmacy is to survive and prosper, and this applies more to the small independents, it must do so through its ability to satisfy the wants and needs of society more competently than its competitors. Time and time again, it has been proved that when an agency can render more acceptable service, no magic or legislation will insure the social or economic prosperity of the pharmacist himself or his field of endeavor.

The consumer to a very great extent has and always will reply upon the corner pharmacy in their own peculiar manner, not only for drugs and medicines, prescription service, and a wide list of drug industry products, but mostly for the special relationship the community pharmacy holds in community life in many important respects. It is in this light that the fundamental worth of the corner pharmacy to the general public must be seen and evaluated. For this reason the enactment of such legislation as Quality Stabilization, while not a Utopia, is bound to have a highly beneficial impact upon the unfair business practices now so rampant in the distribution of a wide list of drug store products, However, I am very much afraid that too many independents are laboring under a false impression that the enactment of resale price maintenance legislation will cure all our economic ills. It will no doubt help to give us a fighting chance to survive by placing us in a position to meet our large competitors on a more equal basis, but the enactment of Quality Stabilization in my opinion will depend to a great extent as to how well the independent retailers succeed in convincing the members of Congress and the public as to the real asset of the small retailers in every community and particularly in our own field that the community pharmacy cannot be expected to render the services so necessary to the health and welfare of the people of the community, if it is unable to earn a fair and reasonable profit because of the predatory price cutters. It should be made crystal clear to all that it is absolutely essential to restore sound economic practices to the many thousands of small retail outlets in every field upon which the soundness of our national economy so strongly depends.

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tion of independent retailers is more than merely a social or economic ideal. It is a practical necessity. What would happen to the public if all independents were eliminated, and the only source of merchandise was discount houses? The discounters are destroying the businesses and livelihood of legitimate wholesalers and retailers, who in the aggregate employ in the excess of 5,000,000 or more people, and who constitute the very backbone of the traditional American system distribution.

Many economists and other authorities insist that the next ten or fifteen years will bring drastic changes in the distribution of the diversified products of the drug industry. Just how real these changes will be and how basic to the fundamental character of retail pharmacy is something to which we should give serious consideration. What should concern us the most, no matter how the wheel turns, is that if we as independents are to survive, the products we handle must be sold on a sound economic basis, which means that such distribution must be sufficiently profitable to justify the free flow of drug industry products and related items .

It is often very difficult to understand why so many manufacturers are not more concerned in seeing that independent retailers earn a legitimate profit on the products they sell. For instance, the net pricing policies and dual distribution now practiced by many drug manufacturers is a definite threat to many independent retail pharmacists and drug wholesalers. The small independent, especially the so called marginal retailer cannot afford to buy direct as he does not have the additional capital to tie up in excessive inventory. On the other hand if he is compelled to buy many of these products from his wholesaler, he cannot meet the low prices of his giant competitors who buy direct, with the result that the consumer feels he or she is being overcharged on prescriptions and other drug products. The community pharmacist is being penalized for a situation over which he has absolutely no control and which cannot be easily explained to many price conscious customers. The manufacturer should also be particularly concerned with the small and medium size retailers who compose a very large segment of retail distribution in the country. It is this group and not the super-markets and other giant outlets that are largely responsible for building a mass market for the manufacturer's products because it is recognized that one of the great miracles of American merchandising is availability which can only be brought about by the neighborhood retail outlets of all kinds who move the greatest majority of goods into the hands of the consumer. It cannot be denied that it is this ready availability that is undoubtedly responsible for a very large part of retail volume, and if destroyed by elimination of small retailers because of cut throat competition, then the economy of the country is bound to suffer, as production capacity is bound to be reduced, meaning many thousands of persons would be deprived of earning a livelihood through unemployment, thus penalizing the public because of the considerable increase in the cost of distribution.

Department of Commerce statistics show at the beginning of 1963 there are some 4.8 million American Business firms in operation. Of these, about 4.5 million (90%) were small businesses. There can be no doubt that 4.5 million small businesses is just as essential to a healthy and successful economy as only half a million giant businesses.

Yet there are some people who feel very strongly that nothing should be done to check indiscriminate price cutting, and if the small fellow is unable to survive this onslaught perhaps the consumers would be benefited by having all retail distribution confined to large outlets only.

Let us hope such reasoning never prevails to a very great extent, as the success of our economy depends to a

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very large degree upon the survival of thousands of small retail businesses.

As Sylvia Porter, the well known financial analyst has often said, "The small businessman is the heart and backbone of our economic system. If he dies, private enterprise dies."

We are all well aware that the economic health of many small independent retailers is in a very precarious condition and the many difficulties now facing members of the retail drug industry over the entire country can be attributed to some extent to the apathy of the independent retail pharmacist themselves. Therefore, the Seminar is defiinitely a step in the right direction. But it is my honest belief that these Seminars should be strongly supported by a well thought out constructive long range public relations program. Fortunately an effort towards such a program has already been initiated by the Baltimore Metropolitan Pharmaceutical Association. President Libowitz, Secretary Gruz and members of the committee are to be congratulated for the advertising program that has been under taken during the year. This program cannot fail to eventually create an indelible impression upon the public of the importance of the neighborhood pharmacies in every community. While it has so far been conducted on a small scale because of financial limitations, it is certainly a step in the right direction in laying the groundwork for a bigger and more attractive program for the future. It deserves the financial and moral support of not only the members of the Baltimore Metropolitan Pharmaceutical Association but the entire drug industry in the state.

I sincerely hope these few brief comments are sufficient to emphasize the fundamental character of economic principles as they apply to us as individuals and retail pharmacists. They are to my way of thinking as definite, as inevitable and as permanent as day and night.

To the extent that this Seminar will make us more sensitive to the fundamental economics of our calling, the basic business principles which govern our day to day activities, then to the same extent will the Seminar be an essential factor in our economic and professional success and survival.

I can assure you from the bottom of my heart, that the fact that you have associated my name with this economic Seminar is most gracious on your part and for this I feel very very humble. It is my earnest and sincere hope that it shall serve the profound purpose for which it is dedicated and be helpful to every retail pharmacist in Maryland for many years to come.

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Timed Release Pharmaceuticals*

by Ralph Shangraw, Ph.D.**

PART II

In last month's article, the theoretical basis for sustained release medication was explained along with a discussion of the types of drugs which are applicable to such a dosage form. The present article concerns itself with the formulation, manufacture, advantages, and disadvantages of commercially available timed release products.

In order to better understand the variety of sustained release products available, they have been classified into six categories, although more or fewer groups have been used by other authors. Following is an outline of these groups:

Sustained Release Products
A. Barrier Coated Beads or Granules
B. Embedding in Slow Eroding Waxy Matrix
C. Embedding in Plastic Matrix
D. Embedding in Slowly Eroding Hydrophilic Colloid
E. Formation of Tannate Complex
F. Chemical Sorption on Ion Exchange Resin.

The important aspects of each group are discussed below. A. Barrier Coated Beads or Granules: Examples: Spansule (Smith, Kline and French), Equanil L. A. (Wyeth), Coravas Timcaps (Amfre-Grant), Meprospan (Wallace Lab.), Medules (Upjohn), Nitroglyn (Key), Tempules (Armour), P.E.T. Sustained Release (Barre), Sequels (Lederle) - Artane (beads), Diamox (granules).

This is the type of sustained release product pioneered by Smith Kline and French Labs. with their "Spansule." The barrier coated bead has proved to be the most flexible type of timed release product and its dependability and popularity has led to numerous attempts to duplicate it (An easy to understand, semi-technical explanation of the intricacies of such a dosage form has recently been published by S.K.F. in their *Pharmacy News*, Vol. IV, No. 5, 6, 7).

1. The active ingredient is generally coated on to the outside of inert sugar-starch beads similar to candy non-pareil seeds. This operation is carried out in specially designed tablet coating pans. The drug and coating solutions are supplied from non-aqueous solvents (acetone-alcohol).

2. In special cases, when the dose of the drug is extremely large, the starting seeds or granules may consist of the drug itself. (Meprospan, Fortespan, Diamox Sequels). Note: Lederle applies the same term, Sequels, to both coated granule and coated bead type products.

3. One portion of the beads (⅓ to ¼) containing the drug is set aside to serve as the immediate release portion of product. A lipid (i.e. glyceryl monostearate, beeswax) or cellulosic (ethyl cellulose) coating is then applied to the beads or granules. When a certain number of coats have been applied, another portion is removed and set aside, and the coating continued. Three or more groups of beads are thus produced having various coating thicknesses. These groups are then mixed together in proper proportions to give desired release patterns.

4. Release of the drug depends upon erosion or moisture permeability of the lipid coat which is dependent upon composition and thickness. Fluid passes through the semi-permeable film coating due to osmotic pressure differences causing the sugar-starch or drug core to swell, rupturing the coating. The controlled random thicknesses of the coats gives a sustained release pattern. Release generally requires only the pres-

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*Presented at the Third Robert L. Swain Pharmacy Seminar sponsored by the Maryland Pharmaceutical Association and the University of Maryland School of Pharmacy on March 14, 1963.

**Associate Professor of Pharmacy,
University of Maryland School of Pharmacy

ence of moisture, but enzyme and pH attrition of lipid coatings may be involved to some degree.

5. In the case of Medules (Upjohn), all but the immediate release portion are coated with a uniform thickness of a styrene-maleic acid co-polymer. Release is dependent only on stomach emptying time and pH, two variable factors which leave much to be desired in respect to regulation of release patterns.

6. The coated beads (Nitroglyn) or granules may be included in a regular tablet granulation and compressed into tablets. Care must be taken not to fracture the coatings during compression.

B. Embedding the Drug in Slowly Eroding Waxy Matrix. Examples: Novahistine L. P. (Pitman Moore), Pro-Banthine P.A. (Searle), Naldecon (Walker Labs), Peritrate S. A. (Warner Chilcott), Tussagesic Timed Release (Dorsey Labs), Lontabs (Ciba), Space Tabs (Sandoz), Extentabs (Robins), Endurets (Geigy), Stedytabs (Eastern Research Lab.).

1. One portion of the active ingredient is suspended in a softened mixture of lipid material (glycerylmonostearate, castor oil, stearic acid) or granulated with a water insoluble binding agent (ethyl cellulose, shellac, cellulose acetate phthalate). This serves as the sustained release portion. The remaining material is granulated normally with a lactose-starch filler. This serves as the immediate release portion.

2. The two portions of the dosage form may then be combined in many different ways. (a) Granulations simply blended together and compressed. (Stedytabs, Space Tabs, Timespan) (b) The sustained release granulation may be compressed into one layer and the immediate release in the 2nd layer of a layered tablet. Care must be taken to achieve proper bonding between layers of tablet during compression. The waxy portion often causes problems. (Sulspantab (SKF), Peritrate S. A., Bontril Timed) (c) The immediate release portion may be compressed coated around a sustained release core tablet. Same difficulties are encountered as in "b." (Lontabs, Endurets, Pro-Banthine P. A., Tussagesic T. R., Naldecon, Novahistine L. P.)

3. In a variation of this type of product the sustained release granulation is compressed and the immediate release active ingredients pan coated onto the tablets in a normal sugar coating procedure. The drug being included in the wetting solution or dusting powder (Extentabs).

4. Release from the sustained action portion is obtained by gradual erosion and moisture penetration of the release-retarding granules. In some cases it may be slightly pH or enzyme dependent.

5. It should be noted that if the sustained release tablet, layer, or area retains its original shape, then release is going to be governed by geometric shape. A more uniform release pattern can be obtained from long capsule-shaped or large flat tablets as the relative surface area changes more slowly during erosion. All single unit sustained release products suffer from difficulty in obtaining uniform release from the sustained portion, the tendency being to exhibit a continually decreasing release rate.

C. Embedding Drug in Plastic Matrix. Examples: Gradumet (Abbott), Duretter.

1. The active drug is granulated with an inert plastic material (polyethylene, polyvinyl acetate, polymethacrylate). The granulation is compressed into a tablet.

2. Release is obtained by leaching out of the water soluble drug from the inert plastic matrix. The plastic skeleton generally retains its shape throughout its passage through the alimentary canal and elimination.

3. The release of the drug is dependent only on water solubility and is independent of pH, enzyme concentration and gastrointestinal motility.

4. The immediate release portion is obtained from the rapid leaching which initially occurs on the face of the tablet or by an outside layer of drug applied by coating.

5. The rate of sustained release may be increased by inclusion of highly water soluble salts with the drug or slowed down by inclusion of water insoluble excipients. It can also be slowed down by exposing tablets to vapors of a volatile organic solvent which causes individual plastic particles to coalesce.

6. In most cases gradumets are additionaly coated with a rapidly dissolving film coat of cellulose acetate phthalate and polythylene glycol 6000.

D. Embedding of Drug in Slowly Eroding Hydrophilic Colloid. Examples: Tenuate Dosespan (Merrell), Tepanil Ten-Tabs (National).

1. The active ingredient is granulated and compressed into hard tablets containing no distintegrating agent. Release is due to the slow hydration of the hydrophillic colloid and sloughing off of the hydrophillic gel.

2. A U.S. patent assigned to Richardson-Merrell, Inc. in 1962 describes the use of hydroxy-propylmethyl cellulose as the hydrophillic material.

3. A British patent granted to Charles Pfizer concerns the granulation of aluminum hydroxide gel and the drug with a strong binder (acacia) and compression into a very hard tablet.

4. Release is said to be dependent only on moisture content and independent of pH and enzymes. However, there is very little published work concerning the release patterns or therapeutic results obtained with such products.

E. Formation of Drug Complex (Tannate or Methylcellulose). Examples: Durabond (Irwin Neisler), Tannate Complex. Bontril Timed (Reed-Carnrick) Methylcellulose salt.

1. Drugs with an amine group in the molecule (amphetamines, anti-histamines, alkaloids) have been complexed with tannic acid to form a sustained release product. Alcoholic solutions of the amine and tannic acid are combined and the complex precipitated, washed and vacuum dried.

2. The amine-tannate complex is then compressed into tablets or encapsulated. The solubility of the complex is greatest at low (acid) pH values. Thus to prevent too rapid dissolution in the stomach, pectic or polygalacturonic acid is added which essentially serves as a buffer, slowing down release.

3. Although the advantages of not containing waxes, resins or enteric coatings is claimed for the product, it is also extremely difficult to vary release patterns for drugs with different half-lives. Furthermore, sustained action of only 6-8 hours instead of the normal 10-12 hours usually results.

4. The methyl cellulose salt of basic amines can also be prepared. This slowly soluble complex erodes gradually releasing the active ingredient. There is a definite lack of published data on this type of product.

F. Chemical Sorption on Ion Exchange Resins. Examples: Strasionic Resins - Biphetamine, Ionamin, Tussionex (Strasenburg).

1. The successful ion exchange products are based on cation exchange resins. These are formed by cross linking polymer chains of styrene into a firm resinous structure by means of divinyl benzene.

2. The cross linked resin is then treated to introduce polar sulfonic acid groups. (Carboxylic acid resins have not been successful due to rapid release). An aqueous solution of the cationic drug (amphetamine) is then passed through a column containing the resin, replacing the hydrogen atoms and complexing to the polar groups.

$$\begin{array}{l} 2RSO_3^{-}H^{+} \quad + (C_6H_5CH_2-CH-(NH_2^{+})CH_3)_2SO_4^{=} \\ \qquad\qquad \uparrow\downarrow \\ 2RSO_3\ C_6H_5CH_2-CH(NH_2^{+})CH_3 \quad + H_2^{+}SO_4^{+} \end{array}$$

R=Resin linkage

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3. The resin complex is then washed, vacuum dried and can be either tableted, encapsulated, or suspended.

4. Release rate is dependent upon pH and electrolyle concentration in the gastrointestinal tract. It tends to be more rapid in the stomach and slows down during passage through the small intestine. Release patterns subsequently tend to be rapid. It is thus difficult to regulate release rates for drugs with varying half-lives.

5. An appreciable amount of the drug (15-30%) is never released from the resin and is thus not available for absorption. Therefore, doses included in resin complex sustained release products tend to be slightly higher than for eroding or leaching type products.

Repeat Action Tablets

Examples: Repetabs (Schering)
RA Prescoat (McNeil)
Chronotabs (White)
Trisules (Chas. Haskell)

1. Repeat action tablets resemble enteric coated tablets except that an immediate release portion is applied outside the barrier coat. The barrier coat is timed to erode away in 4-6 hours, releasing the second dose of drug.

2. The inner core tablet is compressed in a normal manner and the barrier coat applied in a coating pan.

3. The immediate release portion is then pan-coated (Repetabs, Chronotabs) or compressed coated (RA Prescoat) onto the core tablet.In the case of Trisules, three pellets with different thicknesses of barrier coats are employed.

Testing Sustained Release Products

It is accepted by all workers in the field of sustained release that evaluation of the final product must be based on substantial *in vivo* testing. The tests should be based on physiological response (blood pressure, salivation, body temperature) wherever possible. However, many cases (anorexia, antibacterials) this is not possible and blood level studies or urinary excretion data must be relied upon. These can be supplemented with serial radiophotographs in humans or autopsy examinations in animals.

The *in vitro* release pattern is only a production control specification and should be sensitive enough to differentiate between satisfactory or unsatisfactory *in vivo* performance.

There are no sustained release products as such official in the U.S.P. or N. F. However, two sections of the Food Drug and Cosmetic Act would seem to govern the manufacturers of these preparations.

1. Section 502 (a) states that a drug is misbranded — "If its labeling is false or misleading in any particular." Sustained release products would thus be misbranded unless they furnish the sustained therapeutic effect represented.

2. New regulations passed as a result of the Kefauver-Harris drug amendments — Section 130.1 (H). A new drug application must be applied for any new drug. Article 5 includes as a new drug "the newness of a dosage or method or duration of administration or application, or other condition of use presribed, recommended, suggested in the labelling of such drug, even though such drug used in other dosage, method or duration of administration is not a new drug". This obviously includes sustained release products and subjects them to the extremely stringent requirements of new drug applications.

The FDA at the present time concerns itself only with gross violations of release patterns. In general, they consider a release rate of 25-40% within the first hour and complete release within 8-10 hours to be satisfactory. If the manufacturer binds himself with closer tolerances in his advertising, then his product must satisfy his claims.

At present the method used for testing all sustained release products is essentially that of Souder and Ellenbogen (Drug Standards 26, 77 (1958) which was further evaluated and reported on in the J. Pharm. Sci. 51: 181 (1962). It involves rotating the samples in 60 ml. of artificial gastric or intestinal juice and analyzing the residue remaining (not released) at 1, 2, 3, 4, 5 and 7 hours. All types of products appear to perform satisfactorily with this test except the tannate complex. This particular test appears unsuitable for this type of product as results indicate a too rapid release rate.

Summary

The subject of sustained release is a challenging and complex one. At least four points should be reemphasized:

1. In order to obtain ideal sustained release patterns, each drug must be individually formulated on the basis of its rate and site of absorption and biological half-life.

2. Although we use a single term to describe timed release, there are many different methods of obtaining this goal —each subject to individual limitations and possessing varying degrees of pharmacologic soundness.

3. Only a few companies have published sufficient data in the literature to adequately prove their sustained release claims.

4. The purchasing of sustained release products from generic companies is highly questionable due to the complexity of formulation and manufacture and should only be done if that company is willing to submit proof of its products' performance.

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Following are a number of questions concerning timed release products which might be asked a pharmacist. Can **YOU** answer them?

1. Why would Dicoumarol make a poor candidate for sustained release medication?
   Do you think an antinauseant would be possible in a sustained release or declared action product? Do you know of any such product on the market?
2. What objections do you see to ingesting the following substances along with or immediately following a sustained release product? (a) hot tea or coffee, (b) whiskey (or other alcoholic beverages), (c) saline cathartic.
3. Do you anticipate any problems of administering sustained release products to persons who have had large portions of their stomach or intestine removed?
4. A patient taking a plastic matrix product notices undisintegrated tablet in his feces and wants to know whether or not he is receiving proper medication. How would you answer him?
5. A pharmacist is asked to combine the ingredients of a Dexedrine Spansule with a Dexedrine tablet to give an immediate and sustained release action. Is this necessary? He crushes the tablet and spansule beads in order to pack them into a capsule. Is there anything wrong with this procedure?
6. A patient vomits three hours after ingesting a sustained release product. Should he take another dose immediately?
7. Is there any rationale to prescribing a sustained release product every 3 to 4 hours?
8. For daytime medication, is the increased cost of sustained release products justifiable to the patient to which administration of noon day dose is no problem?
9. Why do you feel that test-tube evaluation of sustained action products is of little use?

• T.A.M.P.A. TATTLER •

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Volume 22 DECEMBER, 1963 No. 2

Meet The President

JOHN G. CORNMESSER

John G. Cornmesser, T.A.M.P.A.'s new president, born October 13, 1918 in Pennsylvania where he attended elementary and high schools. He graduted from the Wharton School of the University of Pennsylvania in 1940.

Mr. Cornmesser worked six years for the Glenn L. Martin Company and spent two years in the United States Navy. He also worked six years for the Metropolitan Life Insurance Company. He has been employed for the last ten years by the Borden's Ice Cream Company in the Sales Division.

President Cornmesser joined the T.A.M.P.A. organization in 1954 and has been active in various committees. He was elected 3rd Vice President in 1961 and was installed as President in September 1963. He has been active in Lionism for the past 15 years and spent several active years in PTA work.

Sports are his hobbies, remaining active at present in bowling and golf.

He is married, has four children, with one attending college.

T.A.M.P.A Meeting—

December 14, 1963

The T.A.M.P.A. meeting in December was held on December 14, 1963 at the

Orchard Inn on Joppa Road. It was a most enjoyable meeting held in the holiday spirit. Several items of business were discussed in a highly spirited manner concerning future plans of T.A.M.P.A. and its aid to charities.

This year the members brought various articles, such as canned goods and candy, to fill baskets for the needy. Approximately 11 cases of food was contributed by the group. On Monday, December 16th, this food was delivered to the Pine Street Station in the name of the Emory Helm Fund, plus a cash donation to assist in making up many baskets for the Christmas season.

A Date To Remember—T.A.M.P.A.'s Annual Oyster Roast, always enjoyed by many, will be held this year on Saturday, February 1, 1964 at the Knights of Columbus Hall, located at Conkling and Fleet Streets. Everybody welcome!

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Baltimore Metropolitan Pharmaceutical Association

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1st Vice President—JOHN F. NEUTZE
2nd Vice President—IRVING I. COHEN
3rd Vice President—MARION R. CHODNICKI
4th Vice Presodent—JEROME A. STIFFMAN
Secretary—NATHAN I. GRUZ
Secretary Emeritus—MELVILLE STRASBURGER
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EXECUTIVE COMMITTEE

Chairman--JEROME J. CERMAK

Still Serving 1 year	Elected for 2 yr. term.
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MORRIS SHENKER	WILLIAM Y. KITCHIN
MYER STOLER	JOSEPH H. MORTON
FERDINAND F. WIRTH, JR.	JACOB L. RICHMAN

Ex-Officio—FRANCIS S. BALASSONE

PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

This message is the last I will write as President of the B.M.P.A. It has been an experience that I will long remember. I have met many people in many walks of life, both political and professional, that would not have been possible had I not served in this capacity. I have made many friends that I know will remain with me throughout my life and for this I am grateful.

I feel that during the past year, B.M.P.A. has risen above the many problems it has suffered in the past and is now taking its rightful place in leading pharmacy in the Baltimore metropolitan area. This was accomplished through the hard work and fine cooperation of your Executive Committee and Officers.

I would like to thank all the chairmen and committee members for all the jobs so well done throughout the past year. I thank you one and all.

I would be remiss not to mention a fond thank you to Mrs. Lillian Boyd and Mrs. Geraldine Boan from our office, and to Nathan Gruz, our able secretary, for their assistance and guidance during the year.

Once again, let me say "thank you" for giving me the opportunity to serve as your President. It is a year of my life that I will always remember and treasure in my thoughts.

The next twelve months can be a year of even greater accomplishment if we stand united and support the B.M.P.A.'s determined efforts in our behalf.

Thank you,

AARON M. LIBOWITZ,
President

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NEWS ITEMS . . . . . .

B.M.P.A. News

Morris L. Cooper, Baltimore pharmacist, presented a paper entitled "Ancient Mortars and Pestles: The Cooper Collection" at the Sixth Pan American Congress of Pharmacy in Chemistry held in Mexico City December 7th through December 13th. He described the unusual mortars and pestles he has collected for 24 years and showed slides of 47 of his more than 100 items. His collection includes artifacts from 28 different counties and range in age from 150 to 1000 years.

Mr. Cooper was one of 4000 delegates from North, South and Central America at the conferenc, held once every three years. He has served as president of the B.M.P.A. and is renown for his professional pharmacy windows which captured more prizes nationally and locally than those of any other pharmacist.

The Annual Meeting of the Baltimore Metropolitan Pharmaceutical Association was held at the Kelly Memorial Building on Tuesday, December 17th. Reports of officers and a number of committees were presented. All reports will be published in the Proceedings Issue of the Baltimore Metropolitan Pharmaceutical Association Monthly Newsletter.

A special feature of the evening was a panel presentation on the issue of "A Third Class of Drugs." Panelist Victor H. Morgenroth, Jr., Past President of the Maryland Pharmaceutical Association and B.M.P.A., took the position that a class of over-the-counter drugs must be established which could be sold only by pharmacists. Charles E. Spigelmire, B.M.P.A. Treasurer and Chairman of the M.P.A. Public Relations Committee, asserted the view that certain proprietary drugs should be restricted to sale in pharmacies only. A lively discussion followed, with questions from the floor.

The following officers were elected to serve for 1964:

John A. Crozier, Honorary President; Irving I. Cohen, President; Marion R. Chodnicki, 1st Vice President; Jerome A. Stiffman, 2nd Vice President; Ferdinand F. Wirth, Jr., 3rd Vice President; Donald O. Fedder, 4th Vice President; Nathan I. Gruz, Secretary; Melville Strasburger, Secretary Emeritus; Charles E. Spigelmire, Treasurer; Frank L. Black, Treasurer Emeritus; Aaron M. Libowitz, Chairman Executive Committee.

Elected to serve for two years on the Executice Committee were:

Charles A. Nitsch, Joseph L. Obrasinski, Morris Shenker and Meyer Stoler.

John F. Neutze and William C. Rossberg were elected for one year terms to fill vacanices. Continuing the balance of their two year terms are: Joseph H. Morton and Jacob L. Richman.

Installation ceremonies are scheduled for January 23rd at the Emerald Gardens at a dinner meeting co-sponsored by the American Express Co.

B.M.P.A. Banquet

BLUE CREST NORTH—March 19, 1964

The 48th Annual Banquet and Dance of the Baltimore Metropolitan Pharmaceutical Association has been announced for Thursday, March 19th at the Blue Crest North, on Reisterstown Road. Vice President Marion R. Chodnick is Chairman and Sam A. Goldstein is Co-ordinator.

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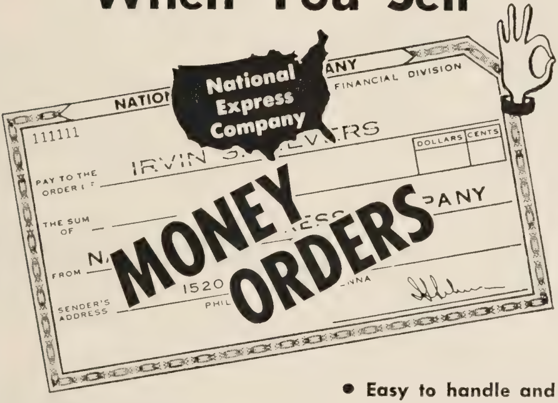
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L.A.M.P.A. NEWS

The Ladies Auxiliary of the Maryland Pharmaceutical Association is planning a very interesting meeting and entertainment for the Spring Regional Meeting which will be held in conjunction with the Maryland Pharmaceutical Association at the Elks Club, Easton, Maryland, on Thursday, April 16, 1964.

The 1963-1964 officers of the Ladies Auxiliary of the Maryland Pharmaceutical Association are: Mrs. Frank Block, Honorary President; Mrs. Norman J. Levin, President; Mrs. Milton A. Friedman, 1st Vice President; Mrs. Frank J. Slama, 2nd Vice President; Mrs. Stephen Provenza, 3rd Vice President; Mrs. Charles J. Neun, Recording Secretary; Mrs. Richard Crane, Corresponding Secretary; Mrs. Albert Rosenfeld, Treasurer; and Mrs. Samuel P. Jeppi, Membership Treasurer.

Prince Georges-Montgomery County Pharmaceutical Association News

Secretary Paul Reznek announced that the February meeting calls for selection of the Nominating Committee with elections in March. The installation of officers will take place in April.

Jerome Dechter, Chairman of the Program Committee, arranged for William Kloepfer, Jr., Director of Public Information, Pharmaceutical Manufacturers Association, to address the meeting on January 8th on "Indictment by Press Release".

American Journal of Pharmaceutical Education

Pharmacists and all those associated with the profession are urged to support the American Journal of Pharmaceutical Education which is published by the American Association of College of Pharmacy. This is a journal essential to anyone who wishes to keep up with developments in many aspects of the profession. It is vital to understanding the issues of today and preparing for future changes. Subscriptions are $5.00 a year from the publication's business manager, Charles W. Bliven, 1507 M Street, N.W., Washington, D.C. 20005.

University of Maryland School Of Pharmacy News

An innovation this year was the holding of a tea for students and their parents in the Alumni Lounge of the Baltimore Union Building on the Baltimore Campus on Sunday, December 8th. Sponsored by the Faculty and Alumni Association, the social is planned as an annual event to enhance the social program and relations between faculty, students, parents and representatives of the Alumni Association.

Michael B. Rodell, B.S. '58, currently a graduate student and research associate in the Drug Plastics Laboratory at the University of Texas, is the recipient of a fellowship from the U.S. Public Health Service to continue his graduate study and research at the University of Texas.

SPOTLIGHT PRODUCT OF THE MONTH

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Tri-County Pharmaceutical Association

In order to achieve complete organization of pharmacists in Maryland, Executive Secretary Nathan I. Gruz contacted the pharmacies of District No. 4, which is comprised of Frederick, Washington and Carroll Counties.

Working with Robert V. Mercer of Frederick and William C. Chatkin of Hagerstown, an organizational meeting was called on November 12, 1963. The M.P.A. office sent a notice to every pharmacist in the three counties. The meeting, held at the Francis Scott Key Hotel in Frederick, was well attended by a representative group. M.P.A. Vice-President Solomon Weiner attended with Secretary Gruz, who outlined the necessity for a local group which would work with the state association in strengthening the position of the profession. In addition, it was pointed out that a local group could work best at the grass-roots level in coping with certain problems.

Temporary officers were elected as follows: President, Robert V. Mercer, Frederick; 1st Vice President, William C. Chatkin, Hagerstown; 2nd Vice President, Robert K. Moler, Frederick; Secretary, John B. Batdorf, Frederick; Treasurer, Curtis A. Bowen, Frederick.

A Constitution and By-Laws Committee was appointed consisting of William Sullivan, Chairman; Cyrus F. Jones and James F. Salmon, all of Hagerstown.

The second meeting was held at the Venice Restaurant, Hagerstown, on December 10th. The name of "Tri-County Pharmaceutical Association" was agreed on. By-Laws to govern the group were approved and included dues of $10.00 annually and meetings to be held the second Tuesday of each month.

A Nominating Committee was appointed to present a slate for next meeting on February 11th at the Washington County Hospital in Hagerstown.

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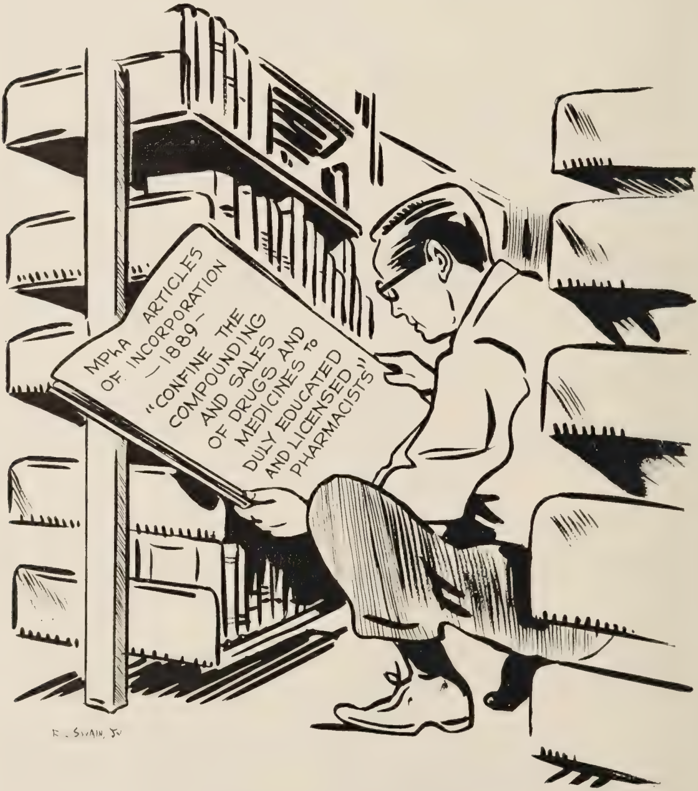
Important Notice

An E. R. Squibb & Sons' truck-load of drugs valued at close to $250,000 has been hijacked. Squibb, a Division of Olin Mathieson Chemical Corporation, reported that the theft took place on Friday night, December 20.

Identification of the shipment of pharmaceuticals is possible through the company's long-established quality control system — a series of coded letters and numerals. All pharmacies are requested to report to the local Squibb branch office all unusual or suspicious offers made outside normal marketing channels.

Major items included: Rautrax 100's; Rautrax-N 100's; Raudixin 100 mg.; Theragran 100's; Pentids "400" 100's; Mycostatin Vaginal; Mysteclin 8 oz. Syrup; Resistopen 40's; Mysteclin Syrup; and Ether.


MPhA ARTICLES OF INCORPORATION
—1889—
"CONFINE THE COMPOUNDING AND SALES OF DRUGS AND MEDICINES TO DULY EDUCATED AND LICENSED PHARMACISTS"
E. SWAIN, JR

STILL HOLDS TRUE TODAY!

Dr. Joseph A. Kaiser Joins F.D.A.

An alumnus of the University of Maryland School of Pharmacy (1950), Dr. Joseph A. Kaiser has recently joined the scientific staff of the Food and Drug Administration in Washington. As a Pharmacologist in the Division of Pharmacology Dr. Kaiser is concerned with the evaluation of scientific data regarding the safety of potential new drugs.

Dr. Kaiser earned his Master of Science degree in 1952 and in 1955 was awarded the degree of Doctor of Philosophy (in Pharmacology) from the Graduate School of the University of Maryland. Post-doctoral experience had been gained in the field of Pharmacology-Toxicology while at the Pfizer Therapeutic Institute and also while at the Lederle Laboratories, where he spent the last five years in extensive toxicological investigations.

Dr. Kaiser is a charter member of the Society of Toxicology, a member of the American Society for Pharmacology and Experimental Therapeutics and other scientific organizations. He has been very active in the laboratory investigation of the toxicological properties of new drugs intended for either human or veterinary use. He has presented the results of his experimentation at various scientific meetings and also has published the results of his work in a number of scientific journals. His most recent effort has been a study of the toxicity of Ethambutol, a new chemotherapeutic agent proposed for the treatment of tuberculosis.

Pharmacy Calendar

February 20 (Thursday)—Baltimore Metropolitan Pharmaceutical Association Monthly Meeting.

February 27 (Thursday) — University of Maryland School of Pharmacy Alumni Association Dance—Emerson Hotel.

March 12 (Thursday)—Dr. Robert L. Swain Pharmacy Seminar — Health Science Library Auditorium.

March 19 (Thursday) — Baltimore Metropolitan Pharmaceutical Association Annual Banquet and Dance—Bluecrest North, Pikesville.

April 19 (Thursday)—Maryland Pharmaceutical Association Spring Regional Meeting, Easton.

June 29, 30 - July 1, 2 — Maryland Pharmaceutical Association 82nd Annual Convention, Shelburne Hotel, Atlantic City, N.J.

August 2 - 7—American Pharmaceutical Association Convention—New York.

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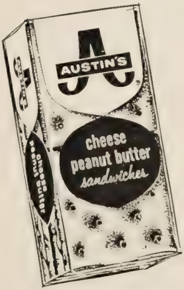

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AUSTIN'S

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SNACK VARIETIES

Diabetes Detection Drive

81 YEARS
check diabetes
check diabetes
DIABETIC SUPPLIES
NEIGHBORHOOD PHARMACIST

Photo Courtesy Paramount Photo Service

The Maryland Pharmaceutical Association and the Baltimore Metropolitan Association sponsored a booth at the Diabetic Detection Center held at the Fifth Regiment Armory. Seated left to right: Mrs. Nathan Snyder and Mrs. Solomon Weiner, pharmacists' wives and volunteer aides from Sinai Hospital. Standing: Aaron M. Libowitz, President B.M.P.A.; Dr. Robert E. Ensor, Chairman Committee on Diabetes of the Medical & Chirurgical Faculty of Md; Stephen J. Provenza, M.P.A. & B.M.P.A. Professional Relations Chairman; Dr. A. A. Silver of the Maryland Diabetes Association.

A. H. Robins Co., Inc.: NaClex has been changed to Exna. Only the trade name changes. The drug, itself, its generic name and its tablet form remain exactly the same. Current stocks will not be relabeled.

Squibb Lists Wholesale-Resale Price: To help retail pharmacists cope with one of the problems raised by the growth of welfare prescription programs, Squibb will add a new type of data to the price listings for its pharmaceutical products in the next issue of the American Druggists Blue Book, which will be published in February, 1964. In addition to the direct price on each product, a "suggested wholesale resale" price will be published.

Instant refreshment
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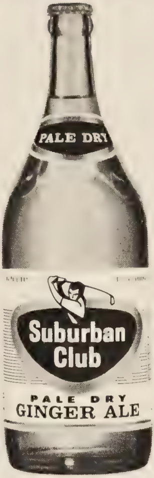
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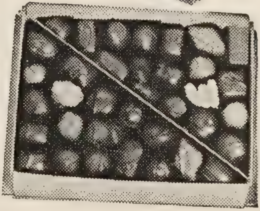

Civil Defense Disaster Survival Committee

Jerome Block, Chairman, M.P.A. and B.M.P.A. Civil Defense and Disaster Survival Committee, urges all pharmacists to participate in the Medical Self Help Training program. Pharmacists can benefit by taking the course themselves. It is especially important that they try to organize classes in their areas by signing up patrons who come in their pharmacies. The Association has furnished all county chairmen and members of the committee with forms. If more are needed, contact the chairman or the M.P.A. office.

Chairman Block has submitted the following announcement: "Referring to Civil Defense, the President of the United States, John F. Kennedy, in a speech made in the early part of May 1963 stated: ' . . . This is a subject which no one likes to think about unless they have to. But those who carry leadership and management responsibility in public or private life cannot turn their backs on reasonable measures to minimize loss of life during nuclear attack. Their leadership is particularly needed during quiet periods when little public enthusiasm can be expected for such activities.'

"Congressman Richard E. Lankford in his newsletter of October 15, 1963 further adds: 'Civil Defense legislation . . . involves a complete reversal in attitude toward the program by a large majority of House members . . . The reason that Congress has now changed its attitude is due primarily to the fact that we now know civil defense can be and should be a significant weapon in our military arsenal. A number of studies of the conditions which would exist in this country after a nuclear attack have convinced the experts that it would be possible to survive such a holocaust and thus fight on, particularly if any civilian personnel were to survive. In this context, as Richard Wilson writing recently in the Evening Star pointed out, civil defense is no longer just a passive protection, but has become a weapon of war, for the 'first nation which achieves the proved capacity to survive as an operating national entity has gained an immense strategic military advantage'.

"In the immediate future, many pharmacists will be requested to serve in a variety of endeavors, ranging from the recruitment of his pharmacy's patrons for participation in the Civil Defense Medical Self-Help training program to the assumption of important positions commensurate with a pharmacist's ability and training. Your duty to the communities, whose loyal support provides you with a livelihood, requires your gracious participation in these programs. For those presently willing to give support to any of these endeavors, please call the Association office or contact your Civil Defense and Disaster Recovery Committee."

The following report was sent to John R. Kenny, Jr., Chairman of the A.Ph.A. Civil Defense Committee, by Herbert M. Bateman, Office of Health Mobilization, Maryland State Department of Health:

"For many years now the pharmacists in Maryland have made valuable contributions in several areas of our Health Mobilization program. In many instances activities conducted have been made on an individual basis, as well as through an overall effort coordinated by the State Pharmaceutical Association.

"At this time a program involving the practicing pharmacist in the Medical Self-Help Training program is in the development stage. Specifically, this program is intended to utilize neighborhood pharmacies throughout the State as promotional and recruitment centers for the Medical Self-Help Training program.

"The potential of this type of program was recognized by Mr. Jerome Block, B.S. in Phcy., Chairman of the Civil Defense and Disaster Survival Committee of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association, and as a result of his efforts, was successful in organizing a class of sixty (60) students from among the citizens patronizing his pharmacy.

"Due to his success, Mr. Block proceeded to initiate actions which would involve the 500 community pharmacies in the Baltimore area in a similar manner. At the April meeting of the Baltimore Metropolitan Pharmaceutical Association, Mr. Block made a presentation on 'How the Pharmacist can Support and Participate in the Medical Self-Help Training Program.' This presentation included a suggested 4-step program to bring Medical Self-Help Training to patrons. This information was also printed in the April 1963 issue of the "Maryland Pharmacist."

"As a follow-up to his presentation, Mr. Block is currently contacting, by letter, each neighborhood pharmacy in the metropolitan area, requesting the full support of the pharmacists in this program. A supply of 50 customer handouts which contain information on the course and also provide an enrollment form is enclosed with each letter.

"Several instances have been noted by this office where classroom instructions were provided by neighborhood pharmacists. The program initiated by Mr. Block should definitely increase this type of activity as well as increase the training demand within every community.

"We in Maryland are extremely appreciative of the fine cooperation extended by the State and Baltimore Metropolitan Pharmaceutical Associations in our Health Mobilization activities. We are particularly grateful to Mr. Block and other dedicated pharmacists, who in their untiring efforts have continued to participate in and support our program."

Joseph U. Dorsch, partner with Victor H. Morgenroth, Jr. in Voshell's Pharmacy, has been elected to the American College of Apothecaries.

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Distribution Policies Changed by Mead Johnson

A new sales and distribution policy by which, with a few exceptions, all Mead Johnson Laboratories' products will be sold through wholesale druggists has been announced.

More than 80 ethical nutritional and pharmaceutical products, the entire line marketed by this division of Mead Johnson & Company, are affected by the new policy.

Previously, institutional accounts had the option of buying direct from Mead Johnson or through wholesalers. This option is still available, according to E. A. Himes, vice president, sales, but he said that because direct and wholesaler prices are now identical it is in most cases preferable to buy through the wholesaler whose close location enables very rapid service.

The new policy is in keeping with a recent resolution of the American Pharmaceutical Association urging manufacturers to make drugs available to all retailers and institutions for medical care on the same terms and conditions, according to Himes.

Mead Johnson Laboratories' network of almost 400 franchised wholesale druggists will make the company's products available on quick notice to all customers, Himes said. This is extremely important with drugs that may be needed on a moment's notice, he added.

In announcing the new sales and distribution policy the company said that while in the past some product sizes have been available only to hospitals, all sizes of Mead Johnson Laboratories' products will now be available to retail pharmacies as well as institutional pharmacies through wholesale druggists.

In establishing these new policies, Himes emphasized the growing importance of hospitals in over-all medical care. He pointed out that hospitals today account for approximately one-fourth of all pharmaceutical products sold by manufacturers and he predicted this rate of consumption will continue to increase. This growing importance of the hospital pharmacy, according to Himes, parallels the importance of the new pharmaceutical products being developed in the Mead Johnson Research Center. These new policies will facilitate the distribution of anticipated new pharmaceutical products to the bedside of patients where they may be needed on just a few hours' notice, he said.

National Prescription Audit

Figures recently released by the Gosselin National Prescription Audit for 1962 reveal that the average prescription price declined to $3.26 from $3.27 in 1961. Analysis revealed that the leading company accounted for 8.6% of the total trade name prescriptions; the leading 5 companies for 32.9%; the leading 10 for 53.1%; and the leading 100 for 99%. Pharmacy sales were up 9.4% in 1962 according to the survey.

Analysts believe big supermarket chains getting too big for their own good, according to the New York Herald Tribune. Some financial experts seem to believe that the earnings picture for the food retailing industry in 1963 looks gloomy because of an oversupply of retail food outlets and neglect by managements to foster new merchandising programs and cost cutting to lessen pressures on profit margins. Sales and earnings of most of the large grocery chains are expected to rise this year, but not as high as some expected at the beginning of the year. It is now believed that the volume for the 10 largest grocery chains will rise 7% and net earnings might probably register a 5% gain.

The following indicates the enormous rise in new stores over the years and their relationship with potential customers:

New stores added through 1962 means that there is now one supermarket for every 6,850 persons (1962)—compared to one supermarket for each 11,683 persons in 1954 and 20,136 persons in 1948.

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Boost your ice cream volume — and your store volume — by stocking Sealtest, the one brand steadily sparked by Special Flavor promotions. NEW in name, NEW in taste excitement, NEW in consumer appeal — each Special Flavor is backed by a terrific promotion that will attract customers for ice cream **and build your sales of other items as well!**

- Colorful newspaper ads feature each Special Flavor.
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One Flavor sells the others—
When they're from Sealtest

Sealtest
TRADE MARK
ICE CREAM

Synthetic Drugs Won First Battles Against Infection

Synthetic drugs had almost won the battle against infection before the first antibiotic came on the scene, a British physician told the American Chemical Society at it's 145th national meeting.

A survey of the mortality records in England and Wales has revealed that the sulfa drugs brought sharp reductions in death rates from pneumonia, childbirth infections, and other serious diseases long before it was discovered that penicillin and other antibiotics produced by bacteria could be used to fight disease.

Dr. Lawrence P. Garrod, emeritus professor of bacteriology at the University of London and a member of the original penicillin clinical trials committee, reported on the survey at a two-day symposium on "The Influence of Molecular Modification in Drug Design" sponsored by the ACS Division of Medicinal Chemistry.

Dr. Garrod emphasized, however, that if the antibiotics had not appeared to back up the initial successes of the sulfa drugs, "most bacteria would by now be resistant, and we should by now be almost back where we were in 1935."

"In spite of these successful attacks on disease, there has been an increase in infection of other kinds, particularly in patients in hospitals, due to more resistant bacteria," Dr. Garrod pointed out. "We also are far from being able to deal successfully with many kinds of chronic infections which impair efficiency and happiness, although they do not usually endanger life.

"Chemotherapy for pneumonia became possible in 1938 with the introduction of sulfapyridine. The effect of this is clearly visible in a steep fall in mortality starting from that year and continuing until the early fifties. Here again, penicillin, and later perhaps other antibiotics, made their contribution, but fully 90% of the fall had taken place before they were introduced.

"It can be calculated that the number of people now alive in England and Wales who would have died of pneumonia, had the prechemotherapy mortality rates continued, is 320,000."

The use of prontosil, the first sulfa drug, and sulfanilamide produced an immediate steep fall in deaths resulting from childbirth or puerperal fever, which continued at a diminishing rate until 1950, Dr. Garrod said, adding,

"Penicillin doubtlessly contributed to the last five years of this, but sulfonamides deserve nine-tenths of the credit.

"The present position is that most specific infections are well under control. These include not only those communicable from man to man (tuberculosis, etc.) but those derived from animal sources (plague, typhus, and anthrax), in which no opportunities exist for the acquisition of microbic resistance.

"On the other hand, there appears to have been an actual increase in nonspecific infections, due to so-called

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"Another direction in which there is much room for improvement is in the treatment of chronic bacterial infections. Chemotherapy has been much more successful in saving lives from acute infections than in relieving ill health due to chronic ones."

There are 82% more drug stores located in shopping centers, than there were five years ago. The total today is 5,970 stores according to American Druggist's latest annual study. But there is even a bigger increase in the number of physicians practicing in shopping centers. That increase is 144% over the past five years, from a figure of 4,025 in 1959 to 9,829 in 1963. This fact helps to explain why the typical shopping center drug store achieves a bigger increase both in the number of prescriptions filled and in dollar volume on prescriptions than the typical pharmacy not located in a shopping center. The 5,970 drug stores located in shopping centers represent more than ONE OUT OF EVERY 10 drug stores in the nation . . . or 11.4%. These stores account for 30.3% of the total retail drug volume.

OBITUARIES

DONALD E. TEETS

Donald E. Teets, 63, pharmacist, owner of Ashburton Pharmacy, Baltimore, died on December 28, 1963.

T. ARTHUR CRONIN

T. Arthur Cronin, 94, assistant registered pharmacist and dentist, died in Aberdeen on December 21, 1963. He had worked for E. Dell Co., Aberdeen, while studying at the University of Maryland School of Dentistry.

THEODORE T. NIZNIK

Theodore T. Niznik, Baltimore pharmacist, died at Bon Secours Hospital on December 2nd after an illness of several months.

He was a graduate of the Loyola High School and of the University of Maryland School of Pharmacy in 1930. In the past 27 years, he owned and operated a pharmacy in East Baltimore. He was a member of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association.

Mr. Niznik was a Fourth Degree Knight member of the Charles Carroll of Carrollton General Assembly, Knights of Columbus, and a member of the Maryland Council No. 370 K of C.

He was also a member of Alcala Caravan No. 16, Order of the Alhambra, and of the Polish-American Professional Association. Mr. Niznik had held several offices during his membership in the association.

He was also a member of the Holy Rosary Church.

Survivors include his widow, Mrs. Pauline R. Niznik; two sons, Dr. Theodore T. Niznik, Jr., a physician, and Paul V. Niznik; five grandchildren, and a sister, Mrs. Jean Engleke, of Annapolis.

BENJAMIN GABOFF

Benjamin Gaboff, a native of Baltimore, died suddenly on October 27, 1963. Mr. Gaboff was educated in the public schools of Baltimore and graduated from the University of Maryland School of Pharmacy in 1930. He founded the Ralph Winton Co. during the thirties and in 1951, he assumed the presidency of the Burrough Bros. Mfg. Co., which position he held until his death.

His membership included the American Pharmaceutical Association, Maryland Pharmaceutical Association, Maryland Association of Hospital Pharmacists, University Club, Suburban Club and Montego Bay Racquet Club.

He is survived by his mother, Mrs. Israel Gaboff; a sister Miss Nettie Gaboff, an artist; and a brother, Samuel J. Gaboff, an attorney.

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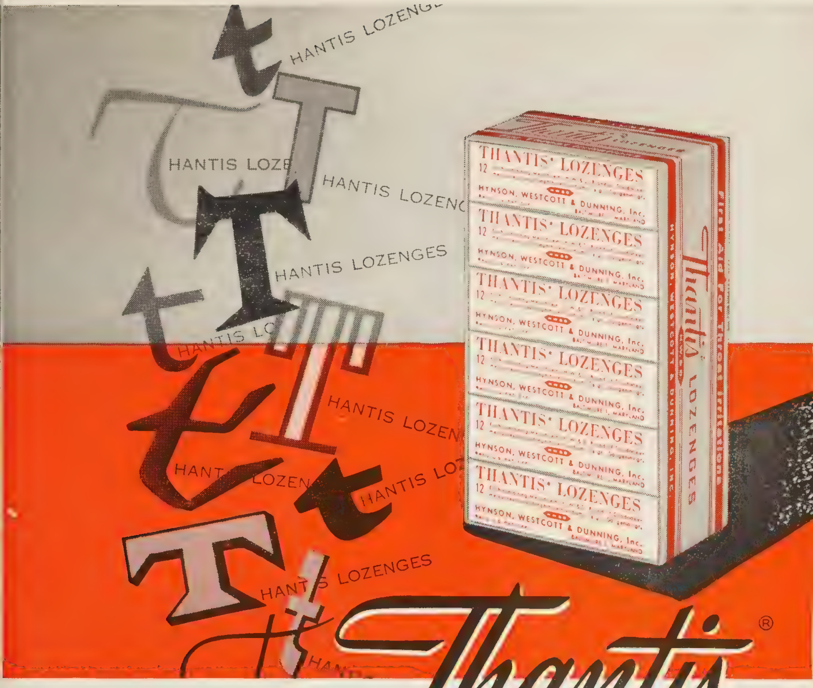
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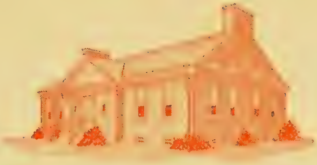

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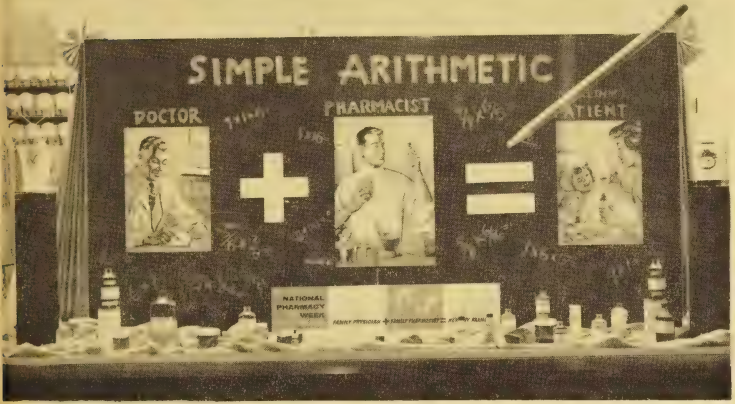
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

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The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price $5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 3, 1879.

Editorial . . . . . .

It is unfortunate that the profession of Pharmacy, which is so beset by professional and socio-economic problems, must suffer the additional handicaps of not only disunity, but acrimony between the two national pharmaceutical organizations which seek to represent the pharmacists of the country.

When the Congress of Medicine and Pharmacy meets in Chicago on March 12th, the physicians will be represented by a solid front—the American Medical Association (A.M.A.). Pharmacists will be represented by spokesmen from the American Pharmaceutical Association and the National Association Retail Druggists. This is not in itself necessarily an undesirable state of affairs. However, the A.Ph.A. and N.A.R.D. in their inter-association relations have left a record that indicates a deep split in the philosophy of the two groups.

Many pharmacists who support both organizations are disturbed by the public airing of differences. This certainly indicates not only a certain lack of maturity on the part of some leaders, but also forces one to suspect motives.

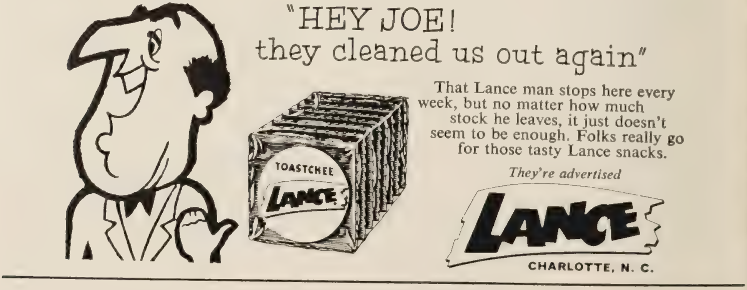
What is more important to some individuals—the enhancement solely of the organization with which they are identified or the advancement of the profession of Pharmacy?

If a pharmacist, be he a leader or a rank and file member of the profession, is convinced that the primary function of Pharmacy is to provide professional pharmaceutical services and safeguard the public interest in matters affecting drugs, then he must demand that all efforts by our national organizations be of a constructive nature contributing toward the realization of these paramount functions.

Surely, pharmacists will eventually withhold their support from any organization which seeks to undermine another group, rather than to secure a united front for Pharmacy.

All existing pharmaceutical organizations were founded to fulfill a demonstrated need. Let each serve to meet the requirements that created the group. Where there is a common purpose let all work together toward their mutual goals. Certainly no group purporting to represent either all or any part of the totality of the profession of Pharmacy can be permitted to publicly attack another *ad nauseam.*

Whatever legitimate differences may exist must be subordinated to the overriding consideration of presenting a united front for Pharmacy to the entire nation.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President's Message . . . . . .

Dear Fellow Members:

It gives me great pleasure to congratulate Irving I. Cohen, a member of the Executive Committee of the Maryland Pharmaceutical Association, upon his election as president of the Baltimore Metropolitan Pharmaceutical Association. The B.M.P.A. has a very active program on behalf of the pharmacists in the greater Baltimore area. The M.P.A. and B.M.P.A. share one office and one staff in the Kelly Memorial Building. But, more important are the programs which are worked on together on behalf of all the pharmacists in Maryland. This requires the full support of all pharmacists.

There are good working relations between the M.P.A. and B.M.P.A. and I am sure that progress will continue under Irv Cohen. It is obvious that we must arrive at a point where all pharmacists in the Baltimore area are members of both the M.P.A. and B.M.P.A. After all, Maryland is a small state with one headquarters for Pharmacy. Reciprocal membership is the only way we can have the numerical and financial strength to operate properly.

The Tri-County Pharmaceutical Association has been launched to serve the pharmacists in Frederick, Carroll and Washington Counties. I urge all pharmacists in those counties to join their group as well as their state society.

There is no question in my mind that the road to progress for all in Pharmacy is by strong local associations and a strong state association. This can only be a reality when every pharmacist supports his professional organizations.

In line with the desire to serve Pharmacy, the M.P.A. and the University of Maryland School of Pharmacy will present the 4th Robert L. Swain Pharmacy Seminar on March 12th. An outstanding program has been arranged—make your plans to attend. It is more important than ever that pharmacists avail themselves of programs designed to keep them informed.

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Secretary's Script . . .

A Message from the Executive Secretary

The year 1963 was full of developments which affected every facet of Pharmacy. Here in Maryland the Maryland Pharmaceutical Association sought to meet some of the challenges. Legislation advancing the status of the profession and the interest of the public health was secured. The recognition by the State Department of Health for increased fees for Medical Care prescriptions resulted from persistent and strenuous efforts of the M.P.A.

The programs of the regional meetings, convention and seminars helped to enlighten the profession, to crystallize thinking and to advance new ideas which could assist our members in a practical manner.

During the year more than 200 pharmacists—employer and employee—have been assisted by the Association employment service. Other services are being made available, such as low cost pension plans and life insurance, in addition to the group Health, Accident and Major Medical Insurance.

One class of membership for pharmacists has been established, namely, full ACTIVE membership, with one dues of $25.00 whether the pharmacist is an employer, employee or in hospital, community practice, manufacturing, wholesaling, or any other field.

It is gratifying to report that a substantial proportion of pharmacists who were previously "Associate Members" have voluntarily chosen to join their colleagues as full ACTIVE members.

All pharmacists have an equal stake in their profession. The future of Pharmacy is their future. All must shoulder their share of the responsibilities and burdens. The demands of organized Pharmacy upon its practitioners have been few. Perhaps that is one reason the response has not always been adequate to the task.

If you want a great profession, you must be willing to work for it.

Sincerely,

Nathan I. Gruz

Executive Secretary

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Contributions . . . . . .

Facts & Fantasies Of Retail Pharmacy

by

HENRY R. STEINHAUS
Pharmacist, Kansas City, Missouri

The following thought provoking address was delivered at the 81st Annual Convention of the Maryland Pharmaceutical Association, Atlantic City, New Jersey, June 25, 1963, as part of the panel entitled "Pharmacy—Facts, Facets and Future".

A leading community pharmacist of Kansas City, Missouri, Henry R. Steinhaus is concerned with concepts of retail pharmacy today and twenty years ago, how to utilize today's concepts to grow and prosper, how to separate fact and fantasy, where the future seems to lead and how to prepare to cope with changes appearing on the horizon.

Mr. Steinhaus attended City College of New York, Columbia University, University of Missouri and received his B.S. in Pharmacy from the University of Kansas City in 1953. He taught at the American University in Germany and is serving as a lecturer at the University of Kansas City. He was Chief Chemist at the Kentucky Ordnance Works from 1941 to 1944. At present he is the owner of six prescription pharmacies.

He serves as First Vice President of the Kansas City Chapter of the A.Ph.A. and is a member of the Board of Trustees of the University of Kansas City School of Pharmacy's Pharmacy Foundation. He is a fellow of the American College of Apothecaries and Member of Masons, Shriners and Optimist Club.

The Changing World of Pharmacy

For centuries man has recognized the inevitability of change, and for just as many centuries man has resisted the change. We could define change as the taking on of new forms, either by cataclysmicly sudden means or by slow evolutionary means. We could also define it as growth and maturity. Or we could define it as man's ingenuity in meeting new environmental conditions and challenges, caused by his growth and the expansion of his own qualities and capabilities.

One of the qualities I would ascribe to change is its essential sameness and difference. We hear that Pharmacy is in the throes of change. A merchandising revolution is taking place. We hear the question asked, "Can Pharmacy survive in the maelstrom of twentieth century revolution?" In analysing this change and the question of pharmacy's survival, I have found the question to be purely academic. I believe that the essence of pharmacy remains the same. The basic purpose, to serve the welfare of the society by being guardians of the drugs used in protecting the health of the community, and by being the storehouses of drugs and drug knowledge, have not changed. The need for the professional services of the pharmacist have not changed nor been eliminated. If anything, today's pharmacy makes the pharmacist more essential in his basic service.

What then has been the change that so many have cheered and so many have feared? The change is one of manners and dress—of adapting our methods and our mores to the ever growing and expanding society about us.

As we progress from boyhood to manhood, this same type of change occurs; and yet, the sameness of the individual remains. The man is just the developed and matured boy.

If we recognize that many boys will never mature into manhood mentally, spiritually, and emotionally, then we must recognize that some pharmacists will cling to the horse and buggy concepts of yesteryear and never be able to fit into the modern day conditions with the ease and comfort so essential to success. If I may borrow from the well known symbol of the three circles, each partially covering the other with one point at which all three are present, I will attempt to make an analogy of the points I believe are old and new, and the twentieth century dress necessary to clothe them with. The first circle I would call professionalism; the second circle I would call alertness; and the third circle I would name knowledge. It is at the point of the vortex of the three circles that I believe success is to be found.

The first is professionalism. I hasten to say that I only operate the so-called professional or ethical apothecary shops; but I believe in today's environment the principles are the same for all pharmacies. To be professional in pharmacy does not necessarily preclude other activities nor front and drug merchandise. It is rather an outlook or viewpoint which changes its holder from a layman or uneducated individual into a recognized practitioner of the arts, who by his activities and surroundings demonstrates his special knowledge, unique code of conduct, and special values to the community in which he functions.

In a recent article by Walter Cousins Jr., he states that he has found the largest problem of pharmacy to be the pricing of Rx's. Can you produce a professional image to your patients and create confidence and loyalty when you are using pricing methods more applicable to the market place stall or the food markets? Will all of your advertising of price offerings keep your patients in today's competition?

For two years we have used the fee concept of pricing. I do not delude myself into believing this is a panacea or that a sudden change in pricing methods will increase a practice over night. However, my experience with the fee system may be of value to you. Before discussing results, I should like to briefly describe our methods.

Our fees are based totally on our own needs and costs. To arrive at our fees we made detailed studies of our cost and the total number of Rx's we filled. By taking the total cost of filling prescriptions and dividing it by the number filled, we arrived at our first figures of cost per unit We realized after a short time that this figure was not totally reflective of our cost. Other individual factors such as historic prices, specialized Rx's for very small amounts, and OTC products produced problems making our image one of extremely high price in some cases. We decided to adjust the fee for these items and accept the differences as a cost factor. Our cost is total cost including management, advertising, delivery, etc. We include the losses due to adjusted prices, as I have outlined, in our advertising cost as we feel this is a good will factor. Our pricing formula then becomes cost per unit, plus wholesale cost of drugs, plus our profit per unit.

We are no longer tied to the manufacturer's cost. Our prices now reflect our own costs and put us on a level with all other professionals using fees as compensation for their efforts.

Our experiences with the fee system have been very good in the overall picture. This is not to say we have not had our share of pricing headaches, but we have found it gratifyingly well received by the public and by most of the medical practitioners. Our volume went up at a greater growth level when all factors of our particular situation were accounted for. The rate of growth was about 50% higher than in previous years. In the two years, all of our associate pharmacists have come to accept the concept and have responded to its professional appeal. Our percentage of gross profit remained virtually the same. A good deal of exploration has been necessary in the implementation of our method but it has also given us the opportunity to foster our professional image in our patrons.

On another professional front, we can find that pricing and advertising and all of our licenses will not really convince anybody of our part in the health team if we don't follow through at the point of contact with our patients. If we consider ourselves as the health team, if we don't follow through community, we must practice the art in every way and every day. Anyone can hand a Rx to a person, ring up the cash, and say thank you. Only the pharmacist can and should give instructions and information to the patient on proper use, storage, and dosage of the medication; and he should give it with each dispensed Rx. Courtesy and personal interest in the patient as well as professional conduct require this. But to go even a step further, each operation should have a poison control library and each pharmacist in practice should have complete knowledge of toxicology. Patrons should be encouraged to come in and ask questions on health and health products and authoritative, honest information should be given to the customer. *Artis Secundum* applies to more than the compounding of medication, it applies also to handling with integrity the public in its need for drug knowledge.

The appearance of your pharmacy and of the pharmacist is, of course, vital to your impression by the customer. How can you inspire confidence in your ability and professional knowhow if your physical appearance is that of a poor merchant? We have gone as far as designing a crest to be used on all uniforms. Our drivers are in neat uniforms, which we provide twice weekly, and our delivery cars are washed regularly. Medicine is the most important thing in the world to the ill person. We try to handle it so as to reflect our regard for it and for his welfare. One could go on and on with professionalism but I believe this group is cognizant of the various aspects of behavior, dignity in advertising, and personal involvement.

The second point of my circles is alertness. Perhaps this is the hardest one of all to utilize for most of us. We become bogged down with our own little world and frequently fail to recognize the events going on outside of our own walls until one day we have a rude awakening. We find the world has marched on and we have stood still. Perhaps we are not too lonely, as we have much company in our misery. Instead of remaining alert, we tend to cry. "Pharmacy is going to Hell!"—"The Reds are taking over the world!"—and many other such clichés. But to use Mr. Rennick's phrase, "What are the facts?" The facts tell us that alertness can help assure our continual progress.

Are we alert to the needs of the people we serve, or do we go ahead with horse and buggy concepts of their needs and try to make our patrons conform to our concepts?

Even though the essentials of pharmacy remain the same, new attitudes and new life outlooks have created new demands upon us.

Charge accounts, record keeping for tax purposes, new drugs, quick service on delivery have accentuated our problems. But, if each practitioner thinks in terms of his practice and seeks to serve; then, in the environment of the second half of the twentieth century, his chance for success will be much enhanced.

Price, which we feel is the twentieth century disease, has been with us since time began. The pharmacist who watches his competitors' prices more than his own and feels he is alert because of it, is only fooling himself. Meeting price competition, to my mind, has never caused a business to succeed in the long haul. The pine boards have come and gone while legitimate pharmacy continues to grow.

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You must question the attitudes of yourself and your associates. Are you cheerful? Does your manner imply your willingness to listen and to give helpful answers? Are you truly interested in Mrs. Jones and her problem?

Even when these questions are answered, we find there are still problems. In order to serve our patrons, we have to be located properly. Our pricing system must reflect fair prices—fair to the customers and fair to ourselves. Our interests must range beyond our four walls in to the "wide blue yonder" of the general society we serve. We have had to face these problems as most of you have. Our answers are never perfect, but reflect a conclusion. To succeed in professional endeavors today, alertness to the changes about us is essential. Alertness of itself is of no value unless it causes creative thinking to solve our problems in a positive manner. Positive thinking and action must be predicated upon the knowledge of the present and the proper sense of values and respect for traditions and past experience. The pendulum of change so frequently swings to the far left and then to the far right, but generally comes to rest somewhere in the middle.

While the admonition of Polonius to "Be not the first nor the last" perhaps is good advice, it is my belief that keeping tab on the pulse of our situation enables us to plan our future and move fast when necessary. As each situation is unique in itself, our solutions must be unique. We cannot afford to be peripetetic in pharmacy. We must be involved in the heart of it and with our whole hearts. As professional practice is based on individualism and as the medications we dispense are for individuals, each of us must evolve his own version of practicing.

Birthdays and deaths, illness and weddings, all the kaleidoscope of life about us influence our practice. As a result my associates and I take part in the life of our patrons. We send cards and notes, or flowers or gifts as may be called for by the occasion. Perhaps a personal call or visit is better. New patients are sent notes of thank you for their confidence in us. Each patient gets full measure of the pharmacist's time and interest.

We have experimented with several forms of charge accounts, including the use of Shoppers Charge Services. Shoppers Charge Service is a national organization which handles the accounts of small operators. They pay us weekly for our accounts and do all the posting and billing on these accounts. This gives the patient the opportunity to use revolving charges in case of sudden large medical costs.

Each package sent out to the patient contains an insert telling pharmacy's story or describing a new service for which he may call upon us. During polio and flu time the inserts tells of the need for shots. The means are as unlimited as human imagination. Your president has shown this in his new pharmacy, which I read about in the May issue of the Journal of the American Pharmaceutical Association.

Alertness to needs and the opportunity for the service of these needs on a professional level is the best answer to supermarkets and discounters. Being alert is to see trends developing and using imagination to find methods of meeting these trends. We can borrow from the banker and lawyer, the accountant, and even from our competition. We should recognize trends and be able to use all of our ingenuity and experience to solve the problems they bring and thereby avoid the problems.

The third circle in our configuration is knowledge. The last, but perhaps the most vital to success. The word knowledge is a rather broad term, I use it in both its broad and narrower sense of pharmaceutical knowledge.

I would like to take for granted pharmaceutical knowledge, but experience teaches me not to be so rash. A degree and a title do not automatically confer knowledge.

To complete successfully for your share of the consumer's dollar, you must be knowledgeable. Yours should be the most extensive collection of knowhow on drugs in your community. If it is, your physicians and patrons will recognize it and use it. You must put this knowledge to work for the good of the community. Serving on health committees, taking part in all health programs, and freely offering your knowledge to those needing it will establish your place in the area in which you practice.

The man who boasts that he is too busy to attend seminars or do community work or be a part of his professional association will soon, to his sorrow, have plenty of time on his hands, as his customers seek more sophisticated pharmacists. The operator who has allowed his training to become obsolete cannot be a consultant or advisor to anyone.

But is pharmaceutical knowledge enough today? In some areas it possibly is, but for most of us, in a highly competitive age, it is not.

To operate at a profit and be able to recompense your associates at a reasonable level you also must have a sound fiscal education. You cannot convert grams or drams into dollars unless you understand the operation of cost and inventory, of turnover and efficiency, or new methods of keeping records and buying control.

According to the N.A.R.D. handling cost survey compiled by H. W. Adkins, stores with 25% of their volume in prescriptions had a 2.2 time turnover of Rx stock. With the help of our wholesaler, McPike Inc., we have been able to achieve a 5.7 time turnover. I recognize that some of the difference is due to a difference in operation, as we do about 75% of our volume in Rx's. However, the return on our invested dollars is better because of turnover. We have found we buy approximately 50% from the wholesaler and 50% from the manufacturers.

A good knowledge of accounting can tell us if we are adequately charging for our services, adequately financed, operating within the norms of our profession, and when changes are necessary in our operation.

But what about the environment and the people we work with? Do we have adequate knowledge of their tastes, their customs and mores, and their buying habits. This is knowledge we can gain by exploration and association. We cannot isolate ourselves behind the script case and expect to know our community and its needs. We must know and understand the geriatric cases we serve or wish to serve. Their problems, medical and social and economic, are of extreme significance to us. Does our present mode of dispensing and pricing prove beneficial to them? Are we penalizing the group least able to pay for our services by making the large size chronic type of medication subsidize the occasional small Rx user.

We must also know and understand the needs of the young new mother and father. How can we best serve them so that their knowledge will be enhanced on child health care as well as supplying them with needed medication. All of his knowledge gives us background to make decisions and move forward rather than cry in the wilderness for a lost and bygone age. This is an age of vast knowledge in all fields and we are called upon to keep up with the swift moving current of life and still maintain our special place on the American economic and professional scene.

Our three circles then center our target. The target being better planing for the public welfare and success for the practitioner of pharmacy.

For a moment let us see these three circles as concentric circles with a bit of a different meaning. If we see these concentric circles as a small central one, a larger circle encompassing it and a still larger one encircling the whole; if we see all of them whirling through space at a terrific speed; and if each of the circles represents the same qualities, as the previous circles, then a man in the center practices with all three qualities of professionalism, alertness, and knowledge, while those in the second circle only possess two of these qualities, and those in the largest circle only can claim one of these qualities.

We all recognize that the centrifigal forces of economic life will have a better chance to dislodge those in the outer rim and cause them to be the fallout from the profession of pharmacy.

Throughout this talk I have used the word service. Perhaps it keeps cropping up because it is the core of my belief in pharmacy. Service is something which does not change, only its mode changes. It is perhaps the entire key to our past, present, and future prosperity.

I reiterate the essence of pharmacy is the same. The practice of pharmacy changes to meet the times and needs of society. It is dynamic not static. Pharmacy has a great past. It certainly has a present, as all of us here are witness. It will have a future for those willing to strive for it and grasp it.

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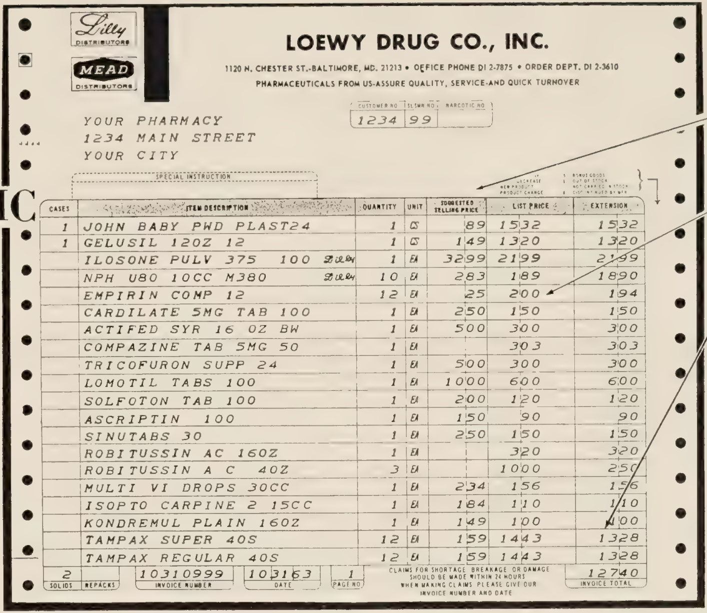

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	KONDREMUL PLAIN 16OZ	1	EA	1 49	1 00	1 00
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Bentonite Pharmaceuticals

By B. F. Allen, Ph.D.*

The clays which are referred to as bentonites have been divided into two general classes: the "sodium bentonites", which absorb large quantities of water, swelling enormously in the process and having the property of remaining in suspension in thin water dispersions; and the "calcium bentonites", which absorb very little water, do not swell noticeably and settle rapidly in thin water dispersions.

Chemical composition of bentonites differ slightly according to information sources. Also, for example, an analysis of representative samples of the two main types disclosed the following: a "sodium bentonite" contained approximately 2.6 per cent sodium oxide and 0.7 per cent calcium oxide; a "calcium bentonite" contained approximately 1.0 per cent sodium oxide and 1.7 per cent calcium oxide.

It is the "sodium bentonite" which has properties which make it of particular interest in pharmaceuticals and is recognized in the U.S.P.

Bentonite (U.S.P.) is a native, colloidal, hydrated aluminum silicate and occurs as a very fine, odorless, pale buff or cream-colored powder, free from grit, and has a slightly earthy taste. It is insoluble in water, but swells to approximately 12 times its volume when added to water. It is insoluble in, and does not swell in, organic solvents. A suspension of bentonite in water (1 in 50) has a pH between 9 and 10.

The U.S.P. bentonite monograph contains provisions designed to set the following important and extremely useful standards: gel formation (with magnesium oxide), swelling power (in water), and fineness of powder (a "grit test").

Although the official compendium describes bentonite as having a pale buff or cream color, an almost white grade, conforming to U.S.P. standards, is available, and has become increasingly popular.

The color of bentonite (tan or calamine-like) is due chiefly to the iron oxide content. One report on the composition of a pharmaceutical bentonite indicated the presence of approximately 3 per cent ferric oxide (this product was probably deep tan in color). It is interesting to note that some consider a deep tan bentonite suspension as having an unattractive color with limited use in pharmaceutical preparations.

Also, it has been stated that the "official" grade of bentonite is prepared usually by a process of air flotation and segregation, which renders it free from all grit and other impurities. In this method, a current of air is passed into the base of a tower containing powder, the lighter particles are carried toward the top and withdrawn, the heavier particles such as iron oxide settle toward the bottom.

In many applications, the gelation of bentonite suspension is a desired property. The widely used therapeutic chemical magnesium oxide has been shown to augment this effect significantly (U.S.P. monograph minimum gel forming standard consists of 6 Gm. bentonite, 300 mg. magnesium oxide, and 200 ml. water). This phenomenon occurs with many other ingredients which ionize and affect the pH of the dispersion. Also, this is important since bentonite is used primarily to impart viscosity to aqueous preparations and could perhaps be identified as a "viscosifier".

In U.S.P. calamine lotion, bentonite (1.25 per cent) in the form of a magma (suspension) can be considered a standard example of how this substance is used in external aqueous dispersion formulation. Many similar, as well as, extremely complex prescriptions (with bentonite as a component) have been written and suggested. These prescrip-

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tions seem to have included "all" the ingredients in the dermatological armamentarium.

In the search for efficient ointment bases, the use of bentonite as a major component (10.5 to 28 per cent) in several types of bases has been studied. It was found that the pharmaceutical elegance of these bases was enhanced and that they were readily removed from the skin by washing with water.

It has been reported that ointments with bentonite gel as a base, when spread very thinly on the face or hands, are invisible and leave the skin surface smooth as if recently powdered—not greasy or sticky. Addition of glycerin or propylene glycol slows drying out of the gel in a jar or on the skin. The following formula for a product of this type is representative: 20 Gm. bentonite, 10 Gm. talc, 55 ml. water, 5 ml. glycerin, 5 ml. liquid petrolatum, and 5 Gm. white petrolatum.

Of possible interest to the pharmacist is the following coal tar ointment which has cosmetic appeal and also therapeutic value: 16 ml. coal tar solution, 8 Gm. bentonite, 18 ml. water, 8 Gm. vanishing cream, and 50 Gm. zinc oxide paste.

Among the many interesting ointment-like applications listed in the literature is the following formula to be used in the eye: Sprinkle 10 Gm. bentonite on 60 ml. water contained in a beaker and let stand for 24 hours. After this period mix well and rub on a slab to smooth any possible lumps in the gel. Levigate 1.2 Gm. yellow mercuric oxide with the gel (in small portions). The final product is a cream of a fairly stiff consistency (and dispensed in a tube).

Bentonite pastes and creams will stay in their original condition for years if protected from evaporation and preserved against mold growth. Also, the consistency of these ointment-like preparations is not affected by temperature variations (those made with oils and fats change with temperature).

The following prescription was received by a pharmacist: 4 Gm. acetylsalicylic acid, 3 Gm. phenyl salicylate, 0.3 Gm. codeine sulfate, sufficient quantity bentonite magma and lactated pepsin elixir to make 120 ml. An inquiry was made regarding oral administration of the magma.

There have been reports in the medical literature on the relative merits of bentonite in a variety of gastrointestinal disturbances. The physicians used powdered bentonite dispensed in capsule form and suggested the use of the magma as a suspending agent for a concurrent medication. The presence of bentonite would be serving a dual role, as an active ingredient, and greatly improve the suspension resulting in a creamier product.

The inclusion of bentonite magma (50 per cent) in the official chalk mixture (category: antacid; usual dose: 15 ml). authorizes the use of U.S.P. grade bentonite in oral preparations. Also, bentonite is not absorbed from the gastrointestinal tract and is considered to be non-toxic. In addition, an absolutely white bentonite would be useful in this type of formulation since it is exceedingly low in iron oxide content.

Bentonite has on occasions been compared to kaolin. Both belong to the same family of clays (hydrous aluminum silicates) and chemically, they are similar. However, bentonite has about 10 times as much capacity to hold absorbed ions because of greater surface area. Bentonite has also been used as a replacement for kaolin in several formulations.

The Pharmacopeia states, "Substances that are highly absorbent, e.g., bentonite, are to be avoided in manufacturing tablets of the drugs used in small dosage, such as the cardiac glycosides, alkaloids, and the synthetic estrogens".

Bentonite gels have been used without added medication as poultices, wet dressings, and there have also been reports of its success in reducing swelling from sprains, insect and ivy poisoning, in treatment of skin diseases, sores and wounds, and in removing discoloration from bruises and black eyes. Some have claimed success of bentonite gels as an intestinal evacuant. There is a basis for belief that it has accomplished some good in these applications, even without medication, probably due to its high sorbent powers and moisture-retaining effect. (Note: The New Testament mentions the use of clay as a healing agent for the eyes.) Also, an enema substitute in the form of a suppository composed of a polyethylene glycol and bentonite (type and per cent concentrations of ingredients not indicated) has recently been mentioned in a medical publication.

One manufacturer states a cubic inch of their brand of bentonite disintegrates into more than 9500 billion individual particles, and this number has been estimated to have a total surface area of about one acre in extent. This tremendous "area" is one of the reasons why bentonite completes its absorption job more rapidly.

Increased potency of active chemical agents results from combination with bentonite because of spreading and adherence when applied to surfaces in the form of dusting powder, paste or cream. For example, the following interesting formula has been referred to as Modified Whitfield's Foot Powder: 0.5 Gm. thymol, 1.6 Gm. salicylic acid, 1.6 Gm. benzoic acid, 0.5 Gm. Thymol, 0.5 Gm. menthol, 25 Gm. boric acid, sufficient quantity bentonite to make 100 Gm.

A sterile bentonite cream (ointment-like emulsion) which can be adjusted to any desired pH value with standard sulfuric acid has been perfected. The addition of the small amount of bentonite to the formula (2 Gm. bentonite, 4.5 Gm. cetyl alcohol, 0.5 Gm. sodium lauryl sulfate, 3 Gm. paraffin, 25 ml. liquid petrolatum, sufficient quantity water to make 100 Gm.) made it possible for this preparation to be sterilized by autoclaving without creaming or separation.

Therapeutic agents may be dissolved in liquid solvents and bentonite stirred into the liquid to form a gel or paste, followed by driving off the solvent. Thus the substances are deposited on, or absorbed into, the minute bentonite particles, and given increased potency by this ultra-fine superdivision when the "cake" is ground and used as a powder in a pharmaceutical dosage form.

Bentonite may be combined with substances that liquefy at temperatures below 250° C. by incorporating it with them while they are in the molten state, then cooling the mass. The use of fused bentonite sulfur as a therapeutic agent in the treatment of acne and other skin problems has focused attention on this type of material.

Many studies have been made in respect to the use of bentonite as the suspending agent in lotions and similar formulations. This clay substance has also been widely used in dermatological prescriptions which is evidenced by the numerous compounding problem formulas (containing bentonite) originating in retail pharmacies and appearing in the "question" columns of pharmaceutical journals.

Bentonite is an ingredient in the following commercial products with the amount or concentration indicated (when known by the writer) and the suggested use (by the manufacturer) in parentheses: Antrocol capsules—atropine sulfate, phenobarbital, 65 mg. bensulfoid[a] (parasympatholytic-sedative); Bentonac lotion—6 per cent bentonite (skin blemishes, oily skin); Cal-O-Nol lotion—sulfur, resorcinol, calamine, zinc oxide, pyrilamine maleate, bentonite magma, calcium hydroxide (skin irritations); Johnson's medicated powder-talc, kaolin, bentonite, hexachlorophene, para-chloro-meta-xylenol (diaper rash); Fostril cream [b]—polyoxyethylene lauryl ether, talc, hexachlorophene, sulfur, zinc oxide, bentonite, greaseless base (drying and peeling acne skin); Neutracolor powder—iron oxides and bentonite (coloring agent); Selsun suspension—selenium disulfide, bentonite, alkyl aryl sulfonate, sodium phosphate, glyceryl monoricinoleate, citric acid, perfume (dermatitis of the scalp, common dandruff); Sof-2 liquid—magnesium sulfate, 2.1 Gm. bentonite per tablespoonful (fecal softener); Solfoserpine tables—reserpine, phenobarbital, 65 mg. bensulfoid (hypertension); Solfoton capsules and tablets—phenobarbital, 65 mg. bensulfoid (mild sedation); Temrin aerosol foam—gentian violet, polyvinylpyrrolidone, bentonite, kaolin, corn starch, propylene glycol, dioctyl sodium sulfosuccinate, sodium lauryl sulfate, glycerin, polysorbate 80, benzalkonium chloride, propellent (vaginitis); Topocide emulsion—DDT, benzyl benzoate, benzocaine, bentonite magma, polyoxyalkylene sorbitan monoleate (head lice); Zircal cream—zirconium oxide, benzocaine, menthol, acetomeroctol, calamine, propylene glycol, 8.5 per cent bentonite, water (prophylaxis and treatment of rhus dermatitis).

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[a] Bensulfoid: fusion of 33 per cent by weight of sulfur on colloidal bentonite; available as a powder and tablet (130 mg.), and indicated when oral sulfur therapy is desired.

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[b] Fostril-HC contains, in addition, ¼ per cent hydrocortisone.

Notes On The History Of Pharmacy In Maryland

ACADEMIC DAYS AT THE UNIVERSITY OF MARYLAND

By B. Olive Cole

During the early days of the present century it was customary to celebrate "Academic Days" by the Scientific Departments of the University of Maryland in Baltimore together with the Academic Department of the University (St. John's) from Annapolis.

At that time the Chancellor of the University Council was the Honorable Phillips Lee Goldsborough, Governor of Maryland. Dr. Thomas Fell, President of St. John's College the Provost and Dr. Charles Caspari, Jr. was a member of the Council from the School of Pharmacy.

The following is the report of the Academic Day Exercises held on November 11, 1913:

On November eleventh, nineteen hundred and thirteen, the University of Maryland held her Academic Day Exercises, celebrating the one hundred and twenty-fourth anniversary of the opening of the St. John's College.

The day was an ideal one, well in keeping with the spirit of the Maryland men. By 9:30 AM the eleven hundred students of the Scientific Departments had gathered in front of the University Buildings. Promptly at 9:45 A.M. the two hundred and fifty "Soldier Boy" students of the Academic Department (St. John's) from Annapolis arrived in their special car. After hearty greetings had passed between the several departments the line of march was formed as follows:

The military band from St. John's was at the head of the procession: then came the two hundred and fifty Academic boys, three hundred Law students, four hundred Medical students, three hundred Dental students, one hundred and seventy-five Pharmacy students, and last, but by no means least, the Faculty, Regents, Alumni and visiting speakers. This line of fourteen hundred young men, with their faces flushed with the high hopes of their future and their pride in Maryland's prospects, was an impressive sight. While various colors headed each section, the Maroon and Black was predominant throughout the procession. The high spirits of the

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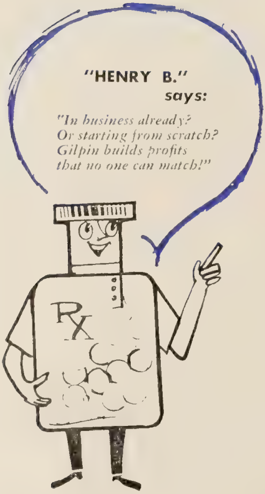
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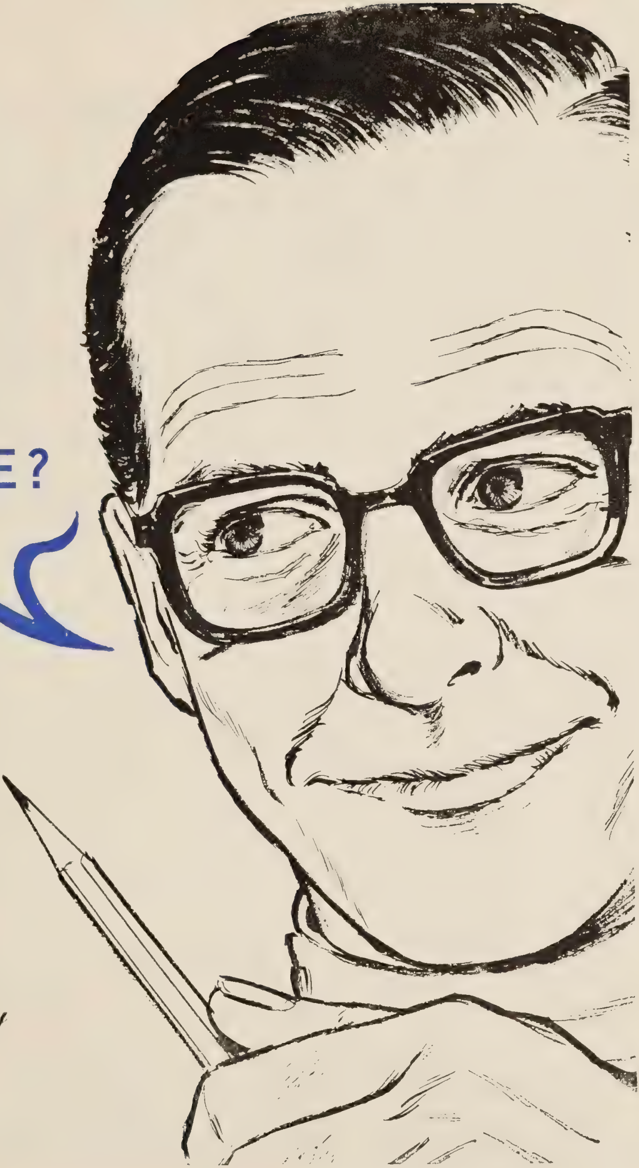

crowd was shown by continuous cheering all along the line.

At 10:30 the march was started to that famous old church, Westminster, in whose grounds the body of Edgar Allan Poe lies buried. The under-graduates filed into the church and occupied the seats reserved for them; the Provost, Regents and distinguished guests proceeded each to his allotted place on the rostrum. The church was filled with visitors, Mr. Willard, President of the Baltimore & Ohio Railroad, was among those present.

The program was as follows: Rev. Dr. Henry Branch, after being introduced by Dr. Fell, offered a short prayer. The one hundred and thirty-third Psalm was sung by a quartet composed of Edgar T. Paul, Hobert Smock, B. Merrill Hopkinson, and John H. Richardson, after which Dr. Fell extended a few words of greetings. Mr. Grasty, Editor of the Baltimore Sun, the orator of the day, delivered an address, his subject being "The New Force Behind the New Freedom," which was well received by numerous outbursts of applause. Dr. Randolph Winslow read a memorial address to the late Dr. Eugene F. Cordell. Gemeimrat, Dr. Adolph Schmidt, Privy Counsellor to the German Emperor and Professor of Medicine at the University of Halle, was presented by Dr. John C. Hemmeter for the Honorary Degree of Doctor of Laws. Dr. Schmidt is a noted professor, scientist and scholar. This degree was conferred by the Provost, after which Dr. Schmidt gave a much appreciated address on "What The Germans Owe To The Americans,".

During the afternoon and evening there were several theatre parties among various groups of students. St. John's had a "called meeting" of the student body at the Gayety and the Alumni held its annual banquet at the Emerson Hotel.

It was a great day for the University of Maryland, and the most successful Academic Day we have had.

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*Post-Humously

Maryland Pharmacist Committee

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Lou Rockman
Frank J. Slama, Board Advisor
Sam Sieger

Volume 22 JANUARY, 1964 No. 3

T.A.M.P.A.

The T.A.M.P.A. "Goodwill Meeting" was held on Saturday, January 11th, at the Brentwood Inn, Holabird and Dundalk Avenues.

Captain Marshall Clary of the Salvation Army was the guest speaker and discussed the many projects of his group in the Baltimore area.

President John Cornmesser and Vice President Al Callahan announced the forthcoming programs which included the annual Oyster Roast. T.A.M.P.A. will sponsor an evening of entertainment at the annual Convention of the Maryland Pharmaceutical Association to be held June 29, 30, July 1, 2 at the Shelburne Hotel, Atlantic City, New Jersey. All members who wish to participate in the T.A.M.P.A. variety show should contact Al Callahan, 801 Providence Road, Baltimore 21204. In addition to performers in the show, stage crew and make-up assistants are needed.

Support Your Associations

LOCAL, STATE, NATIONAL

"In Unity There Is Strength"

Fourth Annual Robert L. Swain Pharmacy Seminar

THURSDAY, MARCH 12, 1964

The fourth annual Dr. Robert L. Swain Pharmacy Seminar, co-sponsored by the Maryland Pharmaceutical Association and the University of Maryland School of Pharmacy, will be held on Thursday, March 12, 1964. This year's Seminar marks the first anniversary of Dr. Swain's death. The site will again be the Health Sciences Library Auditorium of the University at Lombard and Greene Streets in Baltimore.

The registration desk will be open at 8:30 A.M. with call to order at 9:00 A.M. and the first speaker promptly at 9:30 A.M. Following lunch, the second session will convene at 1:30 P.M. There will be a coffee break in the morning session.

The program, designed to assist pharmacists and others in allied fields to keep abreast with advances in pharmacy and medicine, features outstanding experts in their fields.

MORNING SESSION

"Designing Therapeutic Agents—New Approaches and Understanding"—Dr. Norman J. Doorenbos, Professor of Pharmaceutical Chemistry, University of Maryland School of Pharmacy. Dr. Doorenbos, one of the youngest full professors at the University, is a brilliant scientist, lecturer and consultant. He is the author of many publications and holds twelve patents.

"Medical Aspects of Chemical Warfare"—Dr. Van M. Sim, Deputy Director of Medical Research, U. S. Army Chemical Research and Development Laboratories. Dr. Sim has received the nation's highest civilian awards for his research on the effects of compounds of interest to the military upon man. Included in his experience is work with incapacitating agents and psychotropic drugs.

AFTERNOON SESSION

"Pharmaceutical Aspects of Aerosols"—Dr. John J. Sciarra, Professor of Pharmaceutical Chemistry, St. John's University College of Pharmacy, New York. Dr. Sciarra is an authority on aerosols, who is in charge of the Aerosol Laboratory at St. John's.

"Clinical Evaluation of Drugs"—Dr. Frances O. Kelsey, Chief, Investigational Drug Branch, Federal Food and Drug Administration. Dr. Kelsey has achieved fame for her role in the thalidomide tragedy, which has resulted in many changes in the evaluation of new drugs.

- - - - - - - - - - - - - - - - - - - -

Pre-Registration Fee—$5.00 per person—Includes Parking—Lunch—Attendance Certificate (You may register at the time of the Seminar but Parking Facilities are provided only for those who Pre-Register. Fees as above.)

Partial Registration Fee—$3.00 per person—You may attend either the morning or afternoon session for a fee of $3.00. This includes Parking for those who pre-register only, but does not include lunch and the Attendance Certificate.

Pre-Register and avoid standing in line and parking inconvenience. All tickets will be mailed prior to the Seminar.

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Balance of 2 year term	For a 2 year term
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WILLIAM C. ROSSBERG	MEYER STOLER

Ex-Officio—FRANCIS S. BALASSONE

PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

I am very proud that you, the members of the Baltimore Metropolitan Pharmaceutical Association, have elected me to serve as your president. This is both a very trying and difficult assignment that you have given me and I pledge to fulfill the duties of my office to the very best of my ability. These past few years have been very trying ones for the independent retail pharmacists, beset by the advent of the discounter and supermarkets, as well as by the split in our own ranks regarding the profession of Pharmacy. I cannot urge you too strongly to belong to our Association for in numbers we shall have the strength and the determination to rid ourselves of the problems currently besetting retail Pharmacy.

In the words of our late great and dear President Kennedy, do not ask what the Association can do for you but rather what you can do for our Association. We need each and every member to help us restore Pharmacy to its time honored tradition as a great and honorable profession rather than a pharmacist clerk for a discounter or supermarket. Do not make the profession of Pharmacy another service department like groceries, furniture or gasoline. Times have changed—this is very true and rightly so—but some of the changes in the practice of Pharmacy certainly have not been for the best. Remember changes and progress should be for the betterment of all people.

The retail Pharmacy has always been the lighthouse of the community. Do not extinguish that light, which has always brought warmth and comfort to the community.

IRVING I. COHEN
President

Security *Great wings, great courage and marvelous eyes keep the eagle secure against his enemies. A single, unrelenting policy gives the pharmacist security against non-drug competition, security in his livelihood. "Drugstores only" it is now and "drugstores only" it shall be.*

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NEWS ITEMS ......

B.M.P.A. President

IRVING I. COHEN

Irving I. Cohen, Baltimore pharmacist who has operated the Hollywood Pharmacy in Arbutus for over twenty years, was installed as president of the Baltimore Metropolitan Pharmaceutical Association on January 23, 1964 at the Emerald Gardens.

Mr. Cohen, a native Baltimorean, graduated from the Baltimore Polytechnic Institute in 1925 and received his degree from the University of Maryland School of Pharmacy in 1928.

The new president has been devoted to the affairs of his profession for many years. He has served as president of the Alumni Association of the University of Maryland School of Pharmacy. For many years he was the chairman of the Drug Show Committee of the B.M.P.A. At present he is serving on the Executive Committee of the Maryland Pharmaceutical Association and as Chairman of the School of Pharmacy Committee of the M.P.A., Chairman of the Robert L. Swain Seminar Committee, as well as of the Robert L. Swain Model Pharmacy Committee.

Mr. Cohen was elected to the Rho Chi Pharmaceutical Honor Society. He has been the President of the 13th District Chamber of Commerce in Arbutus and Chairman of the Pharmacists' Division of the United Jewish Appeal. He is a member of the Mercantile and Arex Clubs.

He is married to the former Rhoda Kitt and father of three children: Cynthia, a junior at the University of Maryland; Jeffrey, a freshman at Maryland, and Neil, in public school.

B.M.P.A. News

Milton A. Friedman, Baltimore pharmacist, won first prize in the General Electric National photoflash bulb display contest. He was awarded a Chevrolet Monza with all extras and a week-end trip to the World's Fair. Mrs. Friedman received a mink stole.

Paramount Photo Service, as the distributor, was awarded a Corvair truck, with Abrian Bloom, Paramount salesman, also receiving a prize.

Mr. Friedman has been active in pharmaceutical affairs and now serves as President of the University of Maryland School of Pharmacy Alumni Association and as 4th Vice President of the Maryland Pharmaceutical Association. He has served on the Executive Committee of the B.M.P.A. and as chairman of committees in both local and state associations. He has won first prize in the state and national Pharmacy Week Display Contest as well as a number of national merchandising contest awards.

Harris Pharmacy Wins Prize

PRESCRIPTIONS
Coca-Cola
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Winners In Pharmacy Week Contest

Maryland again has a national winner in the American Pharmaceutical Association National Pharmacy Week Display Contest. The entry of Roy E. Snell, Director of Professional Services for People's Drug Stores, won first prize in the contest sponsored by the Maryland Pharmaceutical Association. This entry, which was for Peoples Drug Store, Hyattsville, then won first national prize.

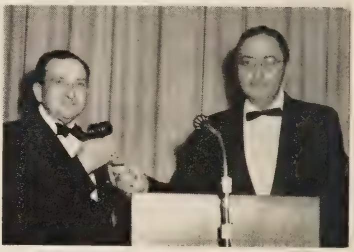
The second prize in the M.P.A. contest went to Milton A. Friedman, Harris Pharmacy, Baltimore, and third prize to Read's Drug Store, 6708 Reisterstown Road, Baltimore.

The judges were: Dr. Ralph F. Shangraw, Assistant Professor of Pharmacy, University of Maryland School of Pharmacy; Mr. Harvey T. Casbarian, Director, Baltimore Student Union, University of Maryland; Miss Joan M. Wolle, Chief, Public Health Education, State of Maryland Department of Health.

Maryland pharmacists have won more national awards than those of any state. It is hoped that more pharmacists will participate in this worthwhile public and professional relations activity.

B.M.P.A. Installation Meeting

Officers for 1964. Front row (left to right): Honorary President John A. Crozier; President Irving I. Cohen; 1st Vice President, Marion R. Chodnicki; Secretary, Nathan I. Gruz. Second row: 2nd Vice President, Jerome A. Stiffman; 4th Vice President, Donald O. Fedder; 3rd Vice President Ferdinand F. Wirth, Jr.; Treasurer, Charles E. Spigelmire.



AARON M. LIBOWITZ transfers gavel to IRVING I. COHEN

HON. LOUIS L. GOLDSTEIN

Comptroller of the Treasury, State of Maryland

Guest Speaker

W. K. REYNOLDS

Vice President American Express Co.

Co-Sponsor of Meeting

Baltimore Metropolitan Installation Dinner

The Baltimore Metropolitan Pharmaceutical Association held its Installation Dinner Meeting January 23rd at the Emerald Gardens. After the welcome by outgoing President Aaron M. Libowitz, Secretary Nathan I. Gruz was called upon to introduce the toastmaster. After paying a tribute to Mr. Libowitz for his unusual devotion and efforts on behalf of the pharmacists of both the Baltimore area and the State of Maryland, Mr. Gruz presented Dr. Noel E. Foss, Dean of the School of Pharmacy of the University of Maryland.

Dean Foss served as toastmaster and conducted the installation ceremonies. The new president, Irving I. Cohen, presented the Past President's Plaque to Aaron M. Libowitz.

The toastmaster then introduced the Honorable Louis L. Goldstein, Comptroller of the Treasury, State of Maryland, who delivered an address entitled "Pharmacy—a Noble Profession". Mr. Goldstein spoke of the history of pharmacy in Maryland and reviewed some of the problems of medical care prescriptions. He asserted that he recognized the important role of pharmacists and that they were entitled to higher fees. Mr. Goldstein commended the Pharmacy Services Committee of the State Council on Medical Care, of which Secretary Gruz is a member, in securing the approval of the Maryland State Department of Health for increased pharmacists fees.

The Installation Dinner Meeting was co-sponsored by the American Express Company. E. (Jim) Foster, Jr., District Money Order Manager, introduced W. K. Reynolds, Vice President in charge of Money Orders throughout the world, who spoke briefly.

L.A.M.P.A. News

The time is fast approaching when the Ladies Auxiliary of the Maryland Pharmaceutical Association will hold its Spring Regional Meeting in conjunction with the Maryland Pharmaceutical Association at the Elks Club at Easton, Maryland, on Thursday, April 16, 1964.

Mrs. Howard Gordy of Salisbury, assisted by Mrs. William Appel, is in charge of the entertainment program which will include a tour of Homes and Gardens in that area. Make a special effort to attend, Ladies, as this will be one of the most interesting and enjoyable regional meetings.

Mrs. Norman J. Levin is President.

University Of Maryland, School Of Pharmacy News

Dr. Donald E. Shay, Professor and Head of the Department of Microbiology, Schools of Dentistry and Pharmacy, University of Maryland, has achieved the distinction of Diplomate of the American Academy of Microbiology.

Recently he received a United States Public Health Service grant to train graduate students in microbiology, which was the first such award made in that field.

Mr. Shay's interest in the field of research covers many areas: poliomyelitis; endodontics; surgical detergents; lysozyme activity; transmission of micrococci in surgical areas; germicides used in dentistry; microbiological analysis of green stain; antibiotics; sterilizing agents; and fermentation of polyhydric alcohols. His current interests are in steroid metabolism by microbial organisms and the relationship of blood groups to dental caries.

Although he is not a dentist he has been chosen as an honorary member of the National Alumni Association by alumni of the Baltimore College of Dental Surgery, Dental School, University of Maryland.

Eastern Shore Pharmaceutical Society

The Eastern Shore Pharmaceutical Society met at the Tidewater Inn in Easton on Sunday, January 26th, with President Howard L. Gordy presiding. A business meeting was held at 5:00 P.M. with M.P.A. Secretary Nathan Gruz presenting a report on the program of the State association.

The dinner meeting at 6:00 P.M. was attended by wives and guests. The after dinner speaker was Joseph Cohen, Associate Washington representative of the N.A.R.D., who spoke on "The Legislative Problems of Pharmacy."

Group Pension Plan For M.P.A. Members

Your executive committee has been aware of the growing need for Pension Plans. Individual members are looking forward to secure retirement years. Members who are incorporated are seeking some tax relief. Pharmacy owners are beginning to use pensions to attract and hold key employees.

After careful consideration, we have adopted a Group Pension Plan at substantial savings to members of the Maryland Pharmaceutical Association. Hack Pension Service, Inc., Pension Planners, have agreed to administer the group plan and individually design plans for each member.

Flexibility is the keynote to your MPA Pension Plan. Various plans are offered to answer the individual needs and capacity of each member. Qualified, fully tax deductible plans are avail able to corporations. For partnerships and individual pharmacy owners, plans covering any one or more employees are available on a tax deductible basis. Even a plan with a maximum and minimum deposit based on corporate profit is available.

Provisions have also been made for alternate investment media* for the Pension Plan deposits.

Your officers have carefully studied many association pension plans and believe this plan is the finest available. The Executive Committee highly recommends the Maryland Pharmaceutical Association Pension Plan to you.

Soon, you will be receiving more information in the mail. In the meantime, we recommend that you contact Hack Pension Service, Inc., Planners and Administrators of the MPA Pension Plan, for details.

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Drug Store Changes

The following are changes for December in drug stores:

NEW STORE:

Howard & Morris Pharmacists, (Forty West Pharmacy, Inc.), Morris Bookoff, Pres., Wilfred H. Gluckstern, V. P., Herbert Burns, Sect.-Treas., 706 Rolling Road, North, Baltimore 28, Maryland.

STORE CLOSED:

Morrison and Fifer, Louis H. & Carl Witzke, Props., 1201 Linden Avenue, Baltimore 17, Maryland.

CHANGE OF OWNERSHIP:

Lansdowne Pharmacy, Bernard A. Sulewski, Prop., 2715 Hammonds Ferry Road, Baltimore 31, Maryland. Formerly owned by: Karl G. Wagner, Prop.

CHANGE IN NAME:

Rx Drug Stores, Inc., #6, 5708 Baltimore National Pike, Catonsville 28, Maryland. Formerly: Westview Pharmacy, Inc.

FORTY-EIGHT

ANNUAL BANQUET and DANCE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

BLUE CREST NORTH

401 Reisterstwon Road, Pikesville

Thursday, March 19, 1964–6:00 P.M.

Arrange for Your Party—NOW!

Cocktails at 6:00 P.M.
Hors d'ouevres
Free Checking Service
No Tipping
Dinner at 7:00 P.M.
Free Valet Parking
Free Set Ups
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Music by Sid Cowen and His Orchestra

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TABLES OF TEN AVAILABLE—GET YOUR PARTY TOGETHER

MAKE YOUR RESERVATIONS

Contact Milton A. (Mickey) Friedman,
Chairman, Banquet Ticket Committee
LE. 9-2123.

Pan American Congress Supports APhA—W.H.O. Position On Drug Supervision By Pharmacists

The Sixth Pan American Congress of Pharmacy and Biochemistry,, held in Mexico City, December 7-14, revised the By-Laws of the Pan American Pharmaceutical Federation, and unanimously endorsed the position of the World Health Organization by insisting that all drugs should be available to the public only with the personal professional supervision of a pharmacist.

The resolution was adopted with applause by delegates from all countries in the Western Hemisphere in attendance, following the presentation of a Plenary Session address given by APhA Executive Director William S. Apple. The resolution states:

"Whereas the Fifth Pan American Congress asked that the sale of all medicines be limited to the pharmacy and that pharmacists personally dispense or sell all medicine—

and whereas the World Health Organization has proposed that all drugs and pharmaceutical preparations should be available only with the professional supervision of a pharmacist—

The Sixth Pan American Congress of Pharmacy and Biochemistry reaffirms the position that pharmacists must personally dispense all prescription drugs and sell all non-prescription drugs and proprietary remedies; and endorses the position of W.H.O. in insisting that all drugs should be available to the public only with personal professional supervision of a pharmacist."

APhA Joins AMA and USP

The American Pharmaceutical Association formally joined the American Medical Association and the United States Pharmacopeia as a sponsor of the program for the selection of nonproprietary names for drugs. Each of the three organizations has over fifty years of experience with nonproprietary nomenclature programs; these have been essentially independent programs which supplemented each other. The first coalition of these programs occurred in 1961 when the AMA-USP Nomenclature Committee was formed which to date has produced names for more than 300 substances of demonstrated and potential therapeutic utility; these names were given the designation United States Adopted Names (USAN).

While the APhA has cooperated closely—through its Committee on National Formulary—in the USAN program from its inception, the new arrangement now gives a full share of the responsibility for its direction to each of the three organizations most concerned with the selection and use of useful common names for drugs.

USAN monographs will continue to be published regularly in the Journal of the American Medical Association and in other medical and pharmaceutical periodicals; including the Journal of the American Pharmaceutical Association. A cumulative list of USAN will be published annually by the USP as part of its obligation in the program. Card files of the USAN are published by APhA.

Many of the USAN selected to date have been adopted to meet the needs arising from the 1962 Drug Amendments.

The present nomenclature committee, designated as the USAN Council, consists of W. C. Cutting, M. D., (Stanford University School of Medicine) Chairman; Edward G. Feldmann, Ph.D., (American Pharmaceutical Association); Joseph B. Kirsner, M.D. Ph.D., (University of Chicago Medical School), and Lloyd C. Miller, Ph.D., (United States Pharmacopeia). Under the new agreement, AMA will continue to provide the secretariat and administrative facilites for the joint project.

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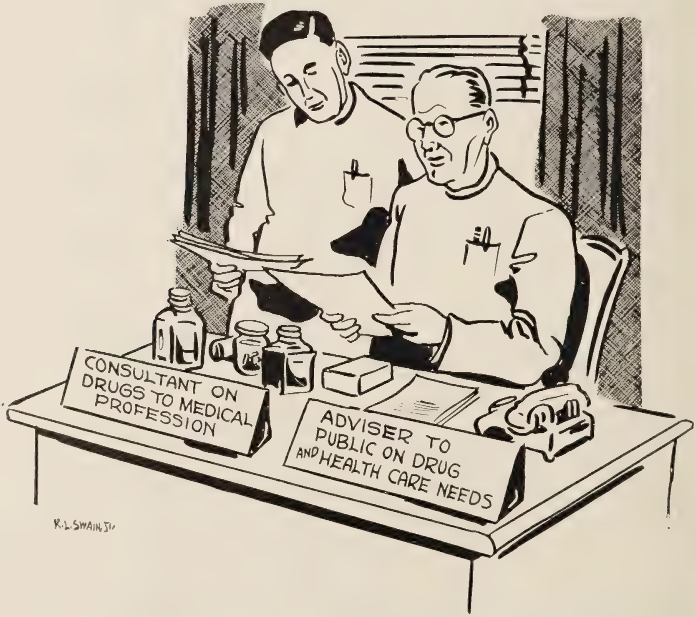
Burrough Bros. Announces Expansion Program

Norton Mailman, President of Burrough Bros. Manufacturing Company, 100 year old pharmaceutical firm with executive offices and manufacturing laboratories located at Baltimore, named Claude S. Welton, formerly President of Welton Laboratories, as Executive Vice President, Mark Jacobs, formerly of McNeill Laboratories as Vice President Production, and Mishel Roseman as Treasurer. Mr. Roseman will assume his new duties in addition to those with Adde Co., Inc. now a wholly owned Burrough subsidiary.

Burroughs now markets their prescription products and over-the-counter Silver Line products to retail pharmacists, primarily through service wholesale druggists. They also manufacture to customer specification under private label.

Mr. Mailman commented: "These appointments mark the beginning of a program designed to increase Burroughs' distribution with emphasis on supplying pharmacies through service wholesale druggists. Our 1964 program includes new products, new packaging, unique merchandising approaches and sales staff expansion on a market by market basis that will result in full line distribution nationally. In anticipation of this step, we have doubled our manufacturing capacity and laboratory control facilities to better serve both present and new distributors."

Frank Stanley, formerly with Welton Laboratories, joined Burrough Bros., as regional sales manager in the Southeastern and southwestern regions.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ADVISER TO PUBLIC ON DRUG AND HEALTH CARE NEEDS
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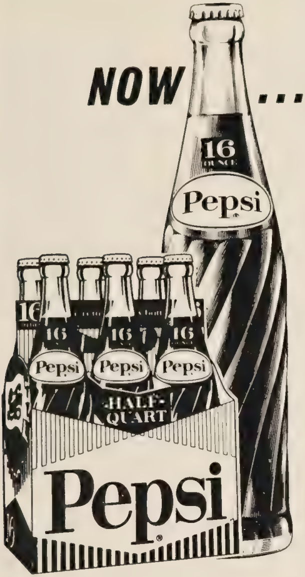
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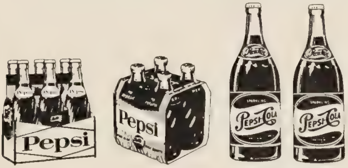
Now . . . for dealers who think big . . . light, bracing, clean-tasting Pepsi in new half-quart deposit bottle 6-packs promise greater-than-ever volume!

Pepsi is still available in...12-oz. returnable/half-quart non-returnable/large family size returnable bottles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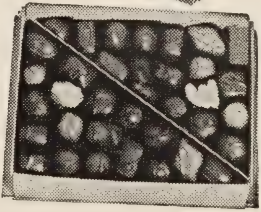

Civil Defense News

The Fourth Year Class at the University of Maryland School of Pharmacy, 636 West Lombard Street, Baltimore, is receiving instructions in the Role of the Pharmacist in Civil Defense as part of an educational program sponsored by the Baltimore City Civil Defense Agency and the Baltimore City Health Department.

The four-session course, which was coordinated by Kimmett Topfer, Health Mobilization Officer, Maryland Civil Defense Agency, will prepare the pharmacy students to take up their vital role in aiding in Civil Defense preparedness in their respective communities, following their graduation.

The instructors include: Michael Swatko, Training Officer, Baltimore City Civil Defense; Lt. Charles L. James, Fire Department Liasion Officer, Baltimore City Fire Department; Elkins W. Dahle, Jr., Director, Bureau of Industrial Hygiene, Baltimore Health Department; George O. Motry, Director, Bureau of Environmental Hygiene, Baltimore Health Department; Ferdinand A. Korff, Director, Bureau of Food Control, Baltimore Health Department; and David T. Lewis, Chief of Industrial Hygiene Investigation, Baltimore Health Department.

President Johnson in submitting his fiscal 1965 budget to Congress recommended increased expenditures for Civil Defense while reducing other aspects of the entire Defense Department budget, according to an announcement made by Rinaldo Van Brunt, Director of the Maryland Civil Defense Agency.

General Van Brunt said that the budget document states—"Total obligational availability of $0.4 billion is proposed for the Civil Defense Program for 1965, compared with $0.1 billion in 1964".

In his budget message President Johnson recommended Congressional approval of the dual purpose shelter development program, stating—"To reinforce the total defense effort, the Congress should authorize funds for fallout shelters in public buildings, schools, hospitals and other nonprofit institutions."

The Shelter Development Bill. H.R. 8200, was passed by the House of Representatives last September 17. It is now under consideration in the Senate.. Hearings on the Bill were held last month by a special subcommittee of the Senate Armed Services Committee.

General Van Brunt quoted the following section of the budget document in which President Johnson said:

"An effective Civil Defense Program is an important element of our total defense effort. It aims at the achievement of a nationwide Fallout Shelter System.

"The Fiscal 1965 Program is based on enactment of Legislation similar to that proposed last year to provide Federal assistance for Fallout Shelters in public buildings, schools, hospitals, and other nonprofit institutions. Total obligational availability of $0.4 billion is proposed for the Civil Defense Program for 1965, compared with $0.1 billion in 1964.

"The 1965 program also provides for continued work on systems to warn the population of an attack, equipment for monitoring the level of radio-activity, construction of protected regional centers for governmental operation, training and education for emergency preparedness, research and development, financial assistance to States, and procurement of provisions for Fallout Shelter spaces. The nationwide shelter survey, under which 104 million spaces have already been identified, will continue."

Federal Excise Tax: A 10% Federal excise tax on Magic Shaving Powder—also Deluxe Shavine—must be collected. Though it is a shaving powder, it is taxable because it has the word "Depilatory" written on the label.

Sale of Tobacco Banned To Minors

The following Maryland statute is printed for the information of all who are involved in the sale of tobacco products.

MINORS—SALE OF CIGARS AND TOBACCO TO

404. Sale, etc., of tobacco to minor under fifteen; purchase of tobacco for minor. It shall not be lawful for any dealer, vendor or other person or persons or body corporate engaged in the manufacture of cigars, cigarettes or tobacco, or in any occupation in which the buying or selling of said goods, wares and merchandise shall constitute the whole or any part of his, her, its or their occupation, to sell, barter or give any cigar or cigars, cigarette or cigarettes, smoking or chewing tobacco to any minor under the age of fifteen years, unless previously authorized in writing by the parent or guardian of such minor, or unless such minor is acting solely as the agent of his employer; nor shall it be lawful for any person not a dealer to purchase for any minor any cigar or cigars, cigarette, smoking or chewing tobocco. (An. Code, 1951, Sec. 488)

405. Penalty.

Any person or persons or body corporate being a manufacturer, dealer, vendor as aforesaid, or any person or persons or body corporate violating the provisions of Sec. 404 of this article, shall, upon conviction thereof in any court of competent jurisdiction, be fined in a sum of not less than ten dollars nor more than one hundred dollars for each and every offense, or imprisoned in jail for not less than five nor more than thirty days in default in payment of said fine. (An. Code, 1951, Sec. 489)

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Rapid Barbiturate Identify Test Developed For Hospital and Toxicological Use

A simple, rapid method of identifying, either alone or in combination, five of the more common barbiturates using thin-layer chromatography has been developed by three pharmaceutical scientists from the University of Illinois Medical Center. The method promises to be extremely useful for toxicological purposes.

Current barbiturate identification procedures have several shortcomings, particularly when there is a need to determine the presence of barbiturates as the causative agent of coma in hospital patients or death in medical-legal cases from samples of blood or urine. Based on work conducted in conjunction with toxicological studies in the Coroner's Laboratories of Cook County, Illinois, John A. Petzold, Walter J. R. Camp, and Ernst R. Kirch report the successful application of their procedure to blood and urine samples in the November issue of the *Journal of Pharmaceutical Sciences.*

A 5-milliliter sample of blood is extracted with chloroform.

The authors show that with this procedure it is possible to establish the presence of secobarbital, amobarbital, pentobarbital, phenobarbital, and diallylbarbituric acid — either when present individually or with all five in a single combination.

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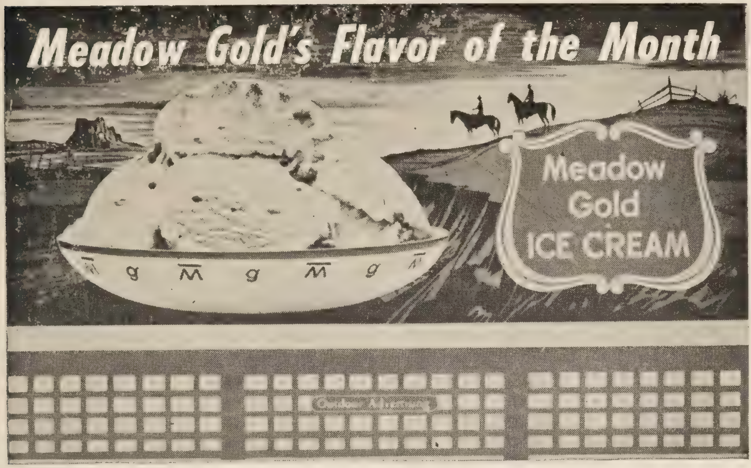
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Announce Simple Test To Detect Hidden Urinary Infections

A new screening agent designed to uncover asymptomatic urinary infections which some scientists believe to be undetected is as many as 60 million people in the United States, has been introduced by the Knickerbocker Biologics unit of Pfizer Laboratories, division of Chas. Pfizer & Co., Inc.

Called Uroscreen, the agent is used in a simple preliminary screening test which can be performed in any physician's office. It is designed to detect the presence of living bacteria at a level of 100,000 or more per ml of urine, the level usually considered as evidence of infection. Once infection is established, standard laboratory procedures are used to determine the infecting organisms.

Undetected urinary infections are considered to be one of the most common forms of infection.

Dr. M. F. Beeler and Dr. G. M. Carrera of the Ochsner clinic, New Orleans, have stated that "pyelonephritis (a kidney disease caused by bacterial inflammation) has been a reported finding in from 10 per cent to 40 per cent of postmortem examinations, and it has been estimated that the diagnosis is made during life in only 20 per cent to 30 per cent of these. This implies that up to one third of the population may have undiagnosed pyelonephritis." Dr. M. L. Rosenheim, in the *British Medical Journal* points out that pyelonephritis is now recognized as the commonest cause of the syndrome of renal failure with hypertension."

Asymptomatic urinary infections are common in all ages, and are more prevalent in women than in men. These infections are often found in pregnant women, and, reports E. H. Kass, M.D. of Harvard University Medical School . . . "it may be possible to prevent 10 to 20 per cent of prematurity and perhaps as much as one third of neonatal death, simply by detecting and treating bacteriuria early in pregnancy."

Through the use of Uroscreen, these asymptomatic infections can be recognized within a few hours. Uroscreen is triphenyltetrazolium chloride, a reagent which precipitates and changes color in the presence of actively metabolizing bacteria.

Uroscreen has three principal uses; to screen for asymptomatic infections; to confirm a tentative diagnosis of urinary infection; and to check the effectiveness of therapy after treatment. Since patients on effective antimicrobial therapy will often give a negative test result, the Uroscreen test should be performed no earlier than 48 hours after cessation of therapy.

Since the accuracy of Uroscreen is not affected by glucose, ketone bodies, or bilirubin in the urine, it is particularly useful for testing diabetics, hypertensives, or pregnant groups which are especially susceptible to urinary infections.

In a number of studies conducted with Uroscreen it was found to be accurate for bacterial counts above 100,000 per ml in from 85 to 94 per cent of all cases tested.

OBITUARIES

Nathan S. Healy, 82, died on January 1st in Washington, D.C., where he had retired. He was the son of George Healy, who conducted a pharmacy at Aisquith and Oliver Streets in Baltimore. He had practiced pharmacy in Baltimore, Virginia and then in Washington.

* * *

James Dallas Ervin, 89, died on January 6th. He was a retired Hyattsville pharmacist who had been associated with the late S. W. Ford's Pharmacy, successor to Alfred H. Wells, the town's first pharmacist.

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For narcotics, the physician or dentist also attaches an additional prescription, written on his own blank. The patient takes all copies of prescriptions to a registered pharmacist.

It is not permissible to have more than one prescription on the same blank. All original prescriptions must be personally signed and dated by the prescribing physician or dentist.

Phoned-in prescriptions cannot be accepted by the pharmacist.

Original prescriptions may not be dispensed after an interval of more than one week from the date the prescription was written.

Any changes in or additions to the prescription, as ordered by the physician or dentist, must be clearly indicated and initialed by the pharmacist.

REFILLS: A green bordered "Refill Only" Form MS-6A is provided for the pharmacist's use. Refills may be dispensed as ordered by the physician on the original prescription in accordance with the following limitations:

1. Maximum number of refills allowed for a single prescription is **TWO.**
2. Refills may not be dispensed on a PRN order.
3. Narcotic prescriptions may not be refilled.
4. Refills may be dispensed only up to **3 months** following the date on which the original prescription was filled.

Next months we will publish the County Medical Care Program's charges allowed—No payment items and Preauthorization procedure.

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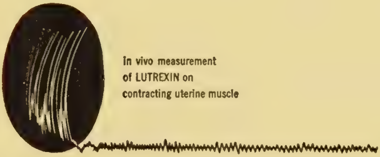

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —
Volume XXXIX FEBRUARY, 1964 No. 5

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The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price $5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 3, 1879.

Editorial . . . . . .

For several years the Maryland Pharmaceutical Association has been engaged in a long time-consuming series of consultations with the State Department of Health regarding pharmacists' services under the Medical Care Program.

A great deal of time and effort has been devoted by the pharmacy representative on the State Council on Medical Care, Walter Albrecht, as well as by the Pharmacy Services Advisory Committee, which includes Morris R. Yaffe, F. S. Balassone and Secretary Gruz. The Maryland Pharmaceutical Association documented the facts to indicate that the existing fee schedule for pharmacists was grossly inadequate and unjust. As a result, the State Council on Medical Care approved the recommended increased fees for pharmacists. These were in turn approved by the State Department of Health and by the State Board of Health and Mental Hygiene. The necessary funds were then included in the Budget request of the Health Department.

However, when the Legislature convened it was learned that the State Budget Department eliminated the requested increases in funds which would have enabled pharmacists, physicians and dentists to receive more reasonable fees. Despite several conferences held by Association representatives with the Budget Director and the Governor's aides, and many protests, the necessary funds were not approved for the budget.

We were told our case "had merit," but that it was impossible to fit these funds into the fiscal program. We were assured that pharmacy fees would be given first consideration by the Governor in the next budget.

The Maryland Pharmaceutical Association will continue to work unceasingly to obtain fair compensation for pharmacists in rendering professional services under the Medical Care Program.

NOTE: A memorandum submitted by Secretary Gruz to Governor Tawes outlining the facts are printed on page 404 of this issue.

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President's Message . . . . . .

Dear Fellow Members:

As the president of the Maryland Pharmaceutical Association—the state professional society of all pharmacists—I am anxious that every possible program and service be provided to the members of my chosen profession.

We are trying to develop programs of continuing education through the Swain Pharmacy Seminar and the Simon Solomon Pharmacy Economics Seminar. Of course, our Annual Convention affords opportunities to hear outstanding speakers present information that is valuable to pharmacists who wish to keep informed.

In addition, we have the regional meetings. The Spring Regional meeting will be held in Easton on April 16th and is a convenient way of combining professional participation with acquiring new knowledge—all in a day of enjoyable fellowship. Many members who attend find these meetings a pleasant blend of business and pleasure.

The subject of Hospital Pharmacy is becoming ever more important. Attend and learn how this phase of pharmacy is affecting the community practice of pharmacy.

I urge all pharmacists to attend and to bring their wives—a wonderful program is planned by our Ladies Auxiliary.

Sincerely,

WILLIAM A. COOLEY
President

---

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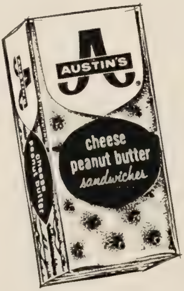

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Secretary's Script . . .

A Message from the Executive Secretary

In order to summarize some of the benefits and services of the Maryland Pharmaceutical Association, the following list is presented:

1. A vigorous program to further both the professional and economic interests of pharmacists and the role of Pharmacy in public health.
2. Legal counsel on pharmaceutical matters.
3. An active legislative program in the interest of public health and for the improvement of the pharmaceutical profession.
4. Blue Cross group coverage at premium savings up to $19.00 per year.
5. Low cost insurance—save on life, health, accident and major medical policies.
6. Pension service to provide retirement plans at special group rates.
7. The "Maryland Pharmacist," bulletins, meeting notices and other Association mailings essential to every pharmacist. Professional and economic seminars.
8. Continuing education and refresher programs:
    - —Professional: Robert L. Swain Pharmacy Seminar.
    - —Economic: Simon Solomon Pharmacy Economics Seminar.
    - —Convention: National leaders and authorities on vital issues.
    - —Regional Meetings: Current problems.
9. Representation before various pharmaceutical, medical and governmental health groups.
10. A broad program of public relations and public information through radio, television, newspapers and other media. Speakers Bureau available.
11. Useful services of the office of the Executive Secretary to provide vital information and assistance, including employment placement.

One of the important skills that we need as professionals in our community and organizational activities is public speaking ability. In order to be effective in association work and in public relations programs, we require more pharmacists with the ability to speak before groups.

We are trying to organize a course to run two consecutive days from 9:00 A.M. to 4:00 P.M. If sufficient interest is shown, a course will be offered to members free of charge to be conducted by expert teachers. Please contact the Association office if you wish to sign up. Even if you do not intend to go before outside groups, public speaking ability is useful in any organizational or church work and advancing one's personal development.

Sincerely,

Nathan I Gruz

Executive Secretary

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School of Pharmacy, U. of M., News ......

Annual Entertainment And Dance Of The Alumni Association Of The School Of Pharmacy

Reported by B. OLIVE COLE

The Annual Entertainment and Dance of the Alumni Association of the School of Pharmacy was held on February 27, 1964 at the Emerson Hotel. Approximately two hundred persons attended, and those who were unable to attend missed an exceptionally delightful program.

Dr. Robert Kokoski, General Chairman of the affair, welcomed those present and presented several special guests. Mr. Harold Levin was Chairman of the Entertainment Committee. The entertainment consisted of two acts of professional entertainment obtained from New York, the first being Patsy Elliott, singer, dancer and impressionist. The second act was by Byrin Steele and Tina, musical comedy stars, using a miniature organ and specializing in songs of the New York Musical Stage. The entertainment lasted one hour and fifteen minutes and was deemed as unusual and most enjoyable.

Mr. Sam A. Goldstein was Chairman of Place and Arrangements. Mr. Philip Weiner, Chairman of the Ticket Committee, greeted the groups as they came to the ballroom and collected the tickets, placing the stubs in a container, from which the student holding the lucky number received a gift of Owens Illinois Corning Ware—an automatic coffee pot with cups and saucers bearing the Pharmacy crest—a very desirable gift.

Mr. George Stiffman was Program Committee Chairman and each person attending received a copy of the Souvenir Program, which represented the interest of the Alumni and their friends. It is one of the principal sources for financing the Alumni Association each year. The printed program is really a register of the members and friends of the Alumni Association.

Of particular interest in the Souvenir Program were five pages listing the names of those who subscribed to some $500.00 or more for School of Pharmacy Scholarships. These pages include the graduates and friends from many points in this country.

President Milton A. Friedman praised and thanked the chairmen and members of the different committees who made the affair memorable. The music, was by Mr. Herman Bloom and his orchestra.

The University of Maryland School of Pharmacy, in conjunction with the Visiting Scientists Program of the American Association of Colleges of Pharmacy, presented a series of lectures by Dr. Albert M. Mattocks, Coordinator, Hospital Pharmacy, Education and Research University Hospital, Ann Arbor, Michigan, on Tuesday, February 18th. The subjects were: "The Pharmaceutical Industry—Advances in Technology and the FDA Regulations," "Research in Hospital Pharmacy" and "Rheology and Powder Technology."

Maryland Association Of Hospital Pharmacists

The Maryland Association of Hospital Pharmacists met February 18, 1964, 8 P.M. at the University of Maryland, School of Pharmacy.

Dr. Albert Mattocks coordinator of hospital pharmacy education and research at the University of Michigan, University Hospital, Ann Arbor, Michigan, was the guest speaker. Dr. Mattocks spoke on "Research in Hospital Pharmacy and the Effects of the F.D.A. Regulations."

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Contributions . . . . . .

Bentonite In Cosmetics

By B. F. ALLEN*

A previous article (This Journal 38, 11, 1963), reviewed some of the general properties and pharmaceutical applications of bentonite.

Although this naturally occurring inorganic clay has been used as an emulsifying agent, it is less efficient as a primary emulsifier than as an emulsion stabilizer. Use has also been made of aqueous dispersions of this material to prepare many types of topical preparations (greaseless, water - washable, creams and lotions are examples) since consistency can be varied from that of glycerin to that of lanolin.

This colloidal clay is characterized by its strong affinity for water. Certain bentonites will absorb up to 15 times their volume of water, this property being greatly increased by the addition of a small quantity of magnesium oxide, or some other substance possessing a similar alkalinity.

As a guide to the consistency of bentonite gels (suspensions of bentonite in water) it may be noted that one containing 6 per cent bentonite has the consistency of glycerin, while a 20 per cent gel has the consistency of lanolin. Bentonite gels are soothing to the skin and have been claimed to be of value in the treatment of eczema, abscesses, sores and wounds (may be of value for absorbing skin secretions).

Bentonite appears to have detergent qualities, therefore, it is useful in topical preparations, as well as soaps and other cleaning compounds. (It has been noted that a so-called representative formula for a white shoe cleaner and whitener contains 1.9 per cent bentonite).

Several proposed medicated lotion and cream formulas seem to utilize the detergent effect as well as the adhesive action of the bentonite, thus insuring good skin contact, although the product can still be easily washed off. Typical interesting formulas are as follows: (1) tetracycline 2.4, zinc oxide 18, talc 18, glycerin 24, bentonite 12, water 165.6; and (2) sulfur 1, bentonite 2, polyethylent glycol (1500) 5, rose water 50.

Of some cosmetic interest is a suggested treatment for acne which employed a fluid base composed of quince seed extract, urea, ethyl alcohol, bile salts, water, and 12 per cent of a fused bentonite sulfur as the therapeutic agent.

It has been stated that bentonite has the greatest efficiency for adsorption that nature seems ever to have devised. Therefore, many kinds of agents have been successfully combined with this substance.

Also, it has been stated that the versatility of the clays (bentonite is one type) makes them ideal candidates for consideration in the formation of hypoallergenic cosmetics (sometimes called sensitive skin cosmetics). Insofar as dermatologic action is concerned, bentonite has been reported as neither an irritant nor a sensitizer.

The following cosmetic formulas (perfume, preservative and colorant q. s.) demonstrates the role of bentonite in this area. Some of these formulas can also serve as a starting point for practical topical pharmaceuticals with only minor changes to suit individual requirements.

Liquid Face Powder - bentonite 3, calamine 5.4, calcium carbonate 5.4, sorbitol 14, and water 72.2; Liquid Makeup - glycerylmonostearate 6, stearic acid 12, propylene glycol 2.4, lanolin 1.2, triethanolamine 1.2, benton-

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*University of Maryland, School of Pharmacy.

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ite 3.9, and water 73.3; Facial Mask (Beauty Clay) - cetyl alcohol 4, polyethylene glycol (4M) 6, isopropyl myristate 2, glycerin 4, triethanolamine lauryl sulfate 1, carboxymethylcellulose 0.5, alcohol 4, bentonite 20, and water 58.5; Protective Hand Lotion - stearic acid 4, glycerylmonostearate 4, wool fat 1, silicone oil 3, propylene glycol 5, alcohol 10, triethanolamine 2, bentonite 4, and water 67; Insect Bite Lotion - zinc oxide 20.8, talc 20.8, bentonite 4.2, camphor 4.2, menthol 0.6, alcohol 24.7, and water 24.7; Greaseless Suntan Lotion - menthyl anthranilate 5, glycerin 10, olive oil 5, alcohol 15, bentonite 4, and water 61; Liquid Stocking - alcohol 8, precipitated chalk 10, talc 5, glycerin 3, titanium dioxide 3, bentonite 3, triethanolamine lauryl sulfate 0.5, methylcellulose 0.5 and water 67.

The following are some reasons stated for the use of bentonite in the aforementioned (and similar) formulas. In a facial mask, bentonite functions as an insoluble opacifier; it is a cosmetic material that demonstrates outstanding skin-protective or barrier properties in hand creams and lotions; and is a thickening agent in an emulsion type of rouge.

A special kind of eye makeup, the so-called "eyeliner" is an aqueous suspension of pigments that are readily applied to the edges of eyelids to form a fine line, do not drip during application, and dry to leave a smudge- and water-resistant color line. It has been noted that a natural or processed bentonite has been suggested to improve thickening and provide thixotropic properties which reduce the settling rate of the suspended pigment in this type of cosmetic.

Bentonite is also listed among the binders which provide highly viscous aqueous systems and prevent the separation or stratificaion of the various ingredients used in a toothpaste. It also appears to have a slight abrasive action when utilized in a dentifrice.

Synthetic detergent hair shampoos may be preferred to soaps, especially where only hard water is available. The following cream shampoo formula has been suggested as an example: wetting agent 33.3, detergent 16.6, light-colored bentonite 7.4, hydroxyethylcellulose 5.7, and water 37. (In general, the molecular structure of a wetting agent has the polar or solubilizing group near the middle of the molecule whereas a detergent is more likely to have the solubilizing group situated at one end of the hydrocarbon chain.)

Another preparation is a Therapeutic Shampoo (U. S. Patent 2,694,669) containing selenium sulfide and bentonite (50:50 composition) 5, bentonite 4, monobasic codium phosphate 1, glycerylmonoricinoleate 1, alkyl aryl sulfonate 17, citric acid 0.2-0.5 (sufficient added to adjust pH to about 4.5), perfume 0.5, and water to make 100.

A flesh-colored, greaseless, cosmetic lotion (for the topical treatment of acne) known as Bensulfoid Lotion (Poythress) contains highly reactive sulfur 2 per cent (source a fusion product of 33 per cent by weight of sulfur on colloidal bentonite), resorcinol 2 per cent, thymol 0.5 per cent, hexachlorophene 0.5 per cent, zinc oxide 6 per cent, and alcohol 12 per cent. When used as directed, it does not produce a "medicated skin look" and does not stain clothing or bed linen.

A Balm-Creme lotion containing lanolin, Aquaphor, propylene stearate, triethanolamine, sodium benzoate, titanium dioxide, benzoin tincture, glycerin, water, and bentonite (approximately one per cent) rubs in without leaving a sticky after-use feeling and is excellent for rough, dry skin, to soothe windburn and sunburn, after shaving and bathing, and may be used as a powder base.

The following so-called non-medicated makeup lotion has been recommended to drug compounders: Neutracolor (iron oxides and bentonite) 2, calamine 4, neocalamine 4, zinc oxide 8, talcum 8, glycerin 8, alcohol 33, and water 33.

Bentonite is added to soap because it is not only able to improve both the structure and homogeniety of soap, but also to improve detergent and absorptive properties due to the negative polarity of the bentonite molecule. It also increases the softening power of the soap and diminishes the irritating effect of free alkali on the skin. Bentonite gel blends well with soap, and amounts as low as 4 per cent bentonite will effect a noticeable improvement in the quality of the soap. Higher percentages are not infrequently used to effect savings in fatty acid content.

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Pharmaceutical Education: Is It Meeting The Challenge Of The 60's?*

By

ROY A. BOWERS

Dean Rutgers—The State University
College of Pharmacy

The complexities of contemporary times makes everyday living so busy that when we do think about what others are doing that might affect us, we somehow get the feeling that they are out-of-step. That is, others seem either to be living in the past or conversely behaving as visionaries completely out of reality. All too often this is the view held by many about educators.

Admittedly, educational changes are often slower in taking place than those in other facets of life. For pharmaceutical education, I assure you changes constantly and continuously occur. But ordinarily they are not dramatic and escape particular notice. Certainly not as dramatic as the lengthening of the curriculum by one year which took place nationwide in September, 1960. This change was not as abrupt as it might appear. Curriculum revisions occurred continuously inside the four year program since its adoption in 1932 which finally exploded into the addition of another year of studies.

The members of our profession expect their educators to give leadership in keeping the curriculum modern. However, the profession itself shares in the shaping of what shall be taught. American pharmacy can take pride in how democratic its system of professional education is developed and administered. Through the American Council on Pharmaceutical Education, all pharmacists have a voice through accreditation of the colleges. The Council consists of 10 members, three each from the American Pharmaceutical Association, National Association of Boards of Pharmacy, and the American Association of Colleges of Pharmacy. The public is represented by a delegate from the American Council on Education. Thus, all of pharmacy is represented.

However, in the final analysis, the colleges themselves are left with the responsibility of carrying out the objectives agreed upon by the profession within the purposes and objectives of higher education itself. This includes informing the profession about what is being done and why.

Communications between pharmacy educators and the profession, i.e., our providing and obtaining an understanding of the objectives of pharmaceutical education, seems to be difficult. To many pharmcists it is not clear whether the colleges are intended to be educational institutions of higher learning or vocational training schools. While elements of vocational training are inherent in education for the professions, it is not that alone.

The differences between education and training are often not clearly understood and make for misunderstanding between educators and practitioners. If we contrast the preparation for a trade such as the skilled crafts with that of the liberal arts graduate, the differences are apparently quite clear. But once an educational program in a college or university bears upon qualifications for a specific type of a career, aspects of training appear, whether they be for majors in the sciences, humanities, social sciences or professional programs in medicine, dentistry, law, etc.

At the risk of being pedantic, I would like to use the balance of this statement to elaborate briefly on the broad objectives of professional education in a university system.

Preparation for professions began long before their inclusion in universities. After centuries of the "learn by doing" apprenticeship system, there was a gradual division of the process into academic and practical phases. Colleges and universities were delegated the academic portion, with the practical training reserved for the practitioners to be administered by State Boards as part of the licensing system.

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*Presented at the Maryland Pharmaceutical Association Convention, June 25, 1963, as part of panel discussion on "Pharmacy: Facts, Facets and Future."

Pharmaceutical education under the new Five Year Curriculum is designed to give the student a greater opportunity to gain the fruits of both a professional and liberal education.

Hopefully, future graduates, after five years of exposure to this new combination of disciplines will be better prepared both for practicing their profession and for taking their places as free citizens in a democratic society.

Actually, of course, the present program of professional education enriched with study of the liberal arts is an outgrowth of a struggle which has been going on for the past 100 years to integrate the older classical education with the newer, applied or vocational branches of knowledge.

Pharmacy was one of the earliest applied sciences to enter the University scene. Pharmaceutical education followed Agriculture and Engineering in gaining a place for itself in what has since become the broad spectrum of courses and programs that make up the offerings of the modern university

The inclusion of programs for preparing young people for the professions in institutions of higher learning did not represent a lowering of the standards of liberal education, but rather a broadening of earlier objectives. The architects of the modern university were inspired by a vision of a new kind of university, in which as many serious intellectual disciplines as possible would be tied together in a new design for liberal education in a democracy.

These objectives are best exemplified in the ideas of Cardinal Newman. No liberal in a political sense, Newman was nonetheless a believer in a liberal education—one which would free men for living a fuller life.

According to Newman, university training should aim at raising the intellectual tone of society and at refining the intercourse of private life. By supplying true principles to popular aspiration, the university, he said, should both cultivate the public need and purify the national taste. The university, he felt, should give enlargement and sobriety to the ideas of the age, thus facilitating the exercise of political power. How prophetic, indeed, of the modern university were these ideals expressed a century ago. Today, pharmaceutical education appears about to become an integral segment of the American system of higher learning which has evolved from the objectives and ideals expressed by Cardinal Newman and others in the last century.

However, the real test of our success rests in the way the future pharmacy graduate finally makes use of his education both in the practice of his profession and in carrying out his responsibilities as a citizen.

Will the ideals of freedom of thought, expression, and action that our graduates have gained from their more liberal education sustain them against the enemies of freedom that come in so many guises and disguises?

We would like to believe that in spite of the hazards of the commercial environment that often surrounds the practice of their profession, our future graduates will be better prepared to withstand the pressures and temptations of the practical tyrannies to which the business man is subjected.

Those who, for example, decline to fulfill their responsibilities as citizens for fear of commercial retaliation or loss of clientele will stand in danger of losing both their own self respect and that of the thoughtful members of the community. For the public expects those who have had the privilege of a university education to reflect in their characters the liberating influences to which they have been exposed.

Thus, the broader objectives and ideals, to which pharmaceutical education is now committed, should profoundly influence the future of the profession. Pharmacists of forthcoming classes will, we hope, have a better understanding of themselves as individuals and of their role in preserving the public health.

Returning to my opening remark about educators being visionaries, you may be saying to yourselves that I have certainly proved the point. But we educators must be visionaries of sorts with realistic goals if we are to be expected to give our students a fundamental education for a lifetime career projected over the next 50 years. We leave it to you as preceptors during their interneship and early years of practice to help them learn how to adapt themselves and their education to everyday usefulness.

DR. ROY A. BOWERS

Dr. Roy A. Bowers, Dean of Rutgers, the State University College of Pharmacy in New Jersey, received his B.S. and Ph.D. degrees from the University of Wisconsin and is a licensed pharmacist in New Jersey and Wisconsin. He was on the faculty of University of Wisconsin, University of Toledo, University of Kansas and was Dean and Professor of Pharmacy at the University of New Mexico from 1945 to 1951. Since that time he has been Dean and Professor of Pharmacy at Rutgers.

He is a Life Member of the American Pharmaceutical Association, served as 1st Vice President and a Member of the Council since 1957.

Dean Bowers is President-Elect of the American Association of Colleges of Pharmacy and is a member of many professional societies. He is also active in community affairs as a Trustee and Member of the Executive Committee of the Hospital and Health Council of Newark and President of the Cedar Grove (N.J.) Free Public Library Board of Trustees.

Pharmacists And Discounters*

HARRY J. KNOX

President, Medical Data Services, Inc.
Darien, Connecticut

I would like to begin by saying that I am glad to be here with you today. I find that these meetings are very informative and this one is more than living up to expectations. For my part I shall try to make a contribution in terms of business or economics as it applies to your business and professional activities or problems.

Because we were interested in the problem and because we thought you would be interested in the impact of discounters on the drug stores in the marketing areas covered by discounters, we sent out a questionnaire to one of our pharmacy panels. We sent it to a cross sectional sample of about 600 pharmacists and received just under 500 usable responses.

Before we get into the statistical analysis of these responses, I would like to touch on a small matter of semantics. One of the questions read:

"In your area are you in competition with discounters"?

A significant number of respondents marked this question "no" and then proceeded to indicate by their answers to other questions that there were one or more discounters in their area who were cutting prices and in other ways behaving as discounters generally do. We believe that in most cases these pharmacists were telling us that they had decided not to compete with the discounter on a price basis. The point here is that if there is a discounter in your marketing area, you are in competition with him regardless of whether or not, or how, you choose to meet his competition. Since this is a free country and each of us can still make his own decisions regarding the

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*Presented at the Maryland Pharmaceutical Association Convention, June 25, 1963, as part of panel discussion on "Pharmacy: Facts, Facets and Future:

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way in which he will conduct his business and professional affairs, you can decide that you will not compete in any way; but, since this would probably be an unwise course of action, I will attempt later in this presentation to pull together some of the recommendations of the respondent pharmacists who have had favorable experience in competing with discounters.

As a warm up question we ask,

"What per cent of your customers are more price conscious today than five years ago"?

The questionnaire provided a space for a percentage for prescriptions and on non-prescription items. Here are the facts and conclusions which we developed from these responses:

1. The average percentage was 24.3% for prescriptions and 25.3% for non-prescription items. Based on the number of responses, this is not a statistically significant difference. So we could say that country-wide pharmacists believe that about 25%, or one-quarter, of their customers are more price conscious today than five years ago, and that this price consciousness is about the same on prescriptions and non-prescription items. To let the matter rest there, however, would obscure a very important fact.

2. This fact is that pharmacists who do not have discounter competition feel quite differently from those who do have discounter competition. The average of the percentages from the no discounter competition group were 19.4% for prescriptions and 14.1% for non-prescription items. Thus this group feels that there has been a greater increase in price consciousness on prescriptions than on non-prescription items.

3. The average response percentages from those pharmacists who *do* have discounter competition were 26.1% for prescriptions and 29.3% for non-prescription items. These averages are 35% higher for prescriptions and 104% higher on non-prescription items than the averages quoted for the responses from the pharmacists who do not have discounter competition.

4. From the foregoing and if we can rely on the pharmacists' observation it would appear that the presence of discounter competition significantly increases the price consciousness of the customer. It would also appear that the price consciousness increase occurs on both prescriptions and non-prescription times but to a significantly greater degree on the non-prescription items. In view of the fact that it is easier for the layman to make comparisons on non-prescription items, this finding makes sense, even though many discounters have used low prescription price comparisons to build their low price images.

5. For those of you who might want to challenge the use of averages in drawing the foregoing conclusions, I would like to tell you that I feel certain you would draw the same conclusions from an analysis of modes or medians or from a study of the range and dispersion or distribution of the responses. These data do not, of course, lend themselves to oral presentation. In this connection, however, it is interesting to note that a significant number of pharmacists in both the discounter and no-discounter competition groups, indicated that they did not believe that the price consciousness of customers in their areas had increased any, or very much, during the past five years. For instance, over 40% of the no-discounter competition group indicated that they believed that less than 10% of their customers were more price conscious today than five years ago; whereas only 25% of the pharmacists who have discounter competition feel that less than 10% of their customers are more price conscious today than five years ago. Some of these pharmacists feel that the increase is tapering off because they have had the discounter competition for a considerable period of time.

6. A significant number of pharmacists believe that they see evidence that the allure of the discounter is most intense in the months immediately following his opening and that customers begin to come back to the drug store after a period of trying the discounter. I would not want you to take too much comfort from these scattered observations as this study was not designed to measure this aspect of the problem. Quite the contrary, I would counsel that you compete with the discounter and try hard to bring your customers back to your pharmacy.

7. We asked the pharmacists a question pointed at finding out whether or not the discounter competition had reached its peak. Two per cent of the pharmacists answering this question felt that the impact was greatest in 1958. Then the percentages rise dramatically:

5% in 1959
12% in 1960
21% in 1961
and
60% in 1962.

From these figures one can conclude that the peak was passed in 40% of the response pharmacies prior to 1962. This is all to the good for that 40%. Only time will tell what is going to happen in the 60% of areas where it was reported that 1962 brought more discounter impact than during any of the previous four years. Without doubt in some of these areas the discounter impact will be greater in 1963 than in 1962. Similarly some areas never before affected will have to face this competition for the first time in 1963.

The general news, however, does carry some stories to the effect that some discounters are in trouble and that others are holding up plans for new store openings. I cannot speak authoritatively on this aspect of the problem because we have not had the time to research it. I would, however, like to point out to you, that the fact that a New York City discounter goes into bankruptcy does not help the situation very much in Baltimore. It seems to me that you should watch for changes in tactics, policy, or fiscal condition by, or of, the discounters with whom you must compete.

8. It is my understanding that, in Maryland, you are fortunate in that you do not have to contend with advertising of prescription prices by discounters. Pharmacists in many other states do have to contend with such advertising and it is rough—real rough. It is important to note that almost without exception these ads quote large quantities—mostly 50's and 100's—of expensive drugs used for long term therapy. The selection of these items by the discounters is logical in that the patients for whom these expensive long term therapy drugs are prescribed are really hurting. Most of these cases are serious and must have medication. The markup procedure or theory of prescription pricing results in a price against which the discounter can show a big dollar saving and still make a profit. Or he can take a loss or a break-even and make the markup pharmacist look like a bandit. As I have indicated these ads are real rough competition but I am sure I do not have to point out to you that the most powerful advertising is not found in newspapers, magazines, or seen on TV, or heard on the radio, or received in the mail. The most powerful advertising is word-of-mouth advertising. I imagine that some of you have found out that the State of Maryland cannot effectively prohibit word-of-mouth advertising of prescription prices. I have some ideas about what I would do if I were a pharmacist faced with discounter competition but let's hear first from some real experts. Who are these experts? They are the pharmacists who are seasoned veterans in this particular war.

We asked our panel,

What suggestions do you have for pharmacists facing competition from discounters?

We have never had such a voluminous response to any question in any survey. It took me the best part of two days just to read the material. I will try to summarize it but first I would like to let you get the flavor of it by reading all or portions from some of the more articulate and interesting respondents. Let's start with a couple of discounters. What do they think you should do!

A State of Washington respondent writes:

We run a discount operation and we find that price to the consumer is a real item.

We are in competition with other discount outlets.

On suggestions he writes:

Meet at least some of their prices. Do away with as much service as possible to meet competition.

A Texas respondent writes:

We are a leased ℞ department in a large supermarket. We match prices with all local discount houses.

He suggests:

Use more realistic pricing structure on prescriptions. Stress free delivery, hours open for business, charge accounts, and other services to justify slightly higher prices.

Now let's listen to the recommendations from pharmacists who are competing with the discounters.

A Texas respondent suggests:

I find the best way to beat the discounters is to know your consumers, be friendly, prompt, helpful as possible. The only thing you have which they do not is your own "personal service."

A New York respondent writes:

Emphasize positive services; complete stocks, fair prices, free delivery, night service (after hours), run a sale occasionally, keep a clean store.

Use your pharmaceutical knowledge when selling over the counter merchandise—*don't be afraid to turn down a sale if you think a proprietary would harm a person.* Emphasize warnings on packages.

Be warm and human and friendly to your customers. He's doing *you* a favor by coming in.

A Virginia respondent writes:

Feature pick up and delivery prescription service; seven days a week service, 14 hours a day. Utility bills may be paid at all hours.

Feature better lines of cosmetics which do not allow any price cutting. We have cut prices on a few highly advertised over-the-counter items. We gift wrap free all gift items we sell.

We try to keep our store modern and up-to-date.

We send lady clerks to all cosmetic schools.

We have complete tobacco, magazines and Kodak Departments.

We carry complete line of baby items, baby foods.

We have a gift box for each new baby born in our neighborhood.

A gift certificate for 1 free choice of toothbrush goes out to each new family that moves into our neighborhood.

A Colorado respondent writes:

Personal interest in and service to your customer. Instill a confidence in them that they *will want* you to fill their prescription, know their name if possible and address them by name.

Take an interest in the welfare of your customer and his family. A man who is ill or has a member of his family ill may not be in the best mood and should be treated with courtesy and kindness. There are many things that a pharmacist can do in a small pharmacy that can never be accomplished in a big, impersonal, discount operation.

We keep a card index on all of our customers, and when they want a refill of a prescription and have lost the number, we can find it very shortly, also at the end of the year we can give them a statement of all they have spent on prescriptions.

Personally I doubt that the public is as price conscious as most of the pharmacists. Too many independent pharmacists are letting the competitor down the street price his prescriptions, completely ignoring the fact that the customer by his presence has already made his choice.

An Indiana respondent writes:

I would say the first thing to do is offer complete prescription and non-prescription service. If you don't have something, get it for the customer. Also I would say delivery service and a charge system would help tremendously. Also I think a modified prescription fee system would help. On very expensive prescriptions we only take a 25% markup. On inexpensive prescriptions we take as much as 200% markup on cost. People rarely complain about prices around $3.00 and that is the range where most prescriptions fall. We also try to advertise the same things as the discounters but we leave the prices out. That way we let our customers know we have these items.

A Michigan respondent comments:

Keep your store modern and up to date.

Place prescription department in most prominent spot.

Give all the service you possibly can.

Keep prescription records for each family, free delivery, charges.

Be friendly and courteous at all times.

Take time to talk to customer about prices if they have any questions.

Do not over price any item in store.

An Oregon respondent writes:

In a store the size of ours ($90,000 a year) approximately 70% of our volume comes directly from prescription sales, another 20% from proprietary and prescription accessories and the other 10% comes from approximately 50% of our floor space and 50% of our inventory, so our prescription department keeps us

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Tablets 100s ☐ 500s ☐

Arthralgen®-PR
Tablets 100s ☐ 500s ☐

Donnagel®
Suspension 6 oz. ☐

Donnagel®-PG
Suspension 6 oz. ☐

Donnagel® with Neomycin
Suspension 6 oz. ☐

Exna® (formerly NaClex)
(benzthiazide, Robins)
Tablets 100s ☐ 500s ☐

A. H. Robins Co., Inc., Richmond, Va.

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CUSTOMER,
CUSTOMER,
WHO
GETS
THE
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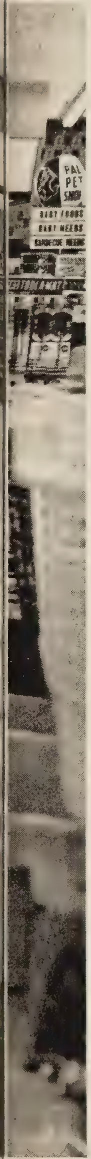
?



MODERN STORES DO!

Where Gilpin's Store Promotion and Equipment Department has been at work, new sales peaks are common.

In actual cases, Rx has increased 25% to 59.8%; front end business, 15% to 51.3%. For design and equipment — old stores or new —

write or phone
STORE PROMOTION AND EQUIPMENT DEPT.

The Henry B. **GILPIN** Company

SINCE 1845 . . . THE PROGRESSIVE FORCE IN MASS DRUG DISTRIBUTION
BALTIMORE • DOVER • NORFOLK • WASHINGTON

alive and we do everything and anything to keep it and help it grow and so far we have been successful without cutting prices.

His suggestions state that:

We are continually dropping slow moving front end items that can be bought anywhere and adding specialties for which we are the only source and we are also dropping the idea that you have to carry 6-8 sizes of everything. We are going back to large, medium and small, no matter what the manufacturer calls them.

We buy from 2 main line and one prescription specialty wholesaler and receive 3-6 orders a day and so inventory control is no problem and we always have money in the bank for advertising, promotion, etc.

We try never to buy more than a 30 day supply of anything and our personal property tax stays low.

A Maryland respondent comments:

We have stressed services to our customers and also taken new lines that the discounters do not have and stress them.

We have added an ℞ record system for income tax which seems to have helped a great deal.

We have also lowered a few prices on the items which were hit the hardest. There seemed to be just a few items in the ℞ and a few in the OTC line that were greatly affected.

In most cases people were satisfied to pay regular prices. The discount prices were most noticed on items that were purchased regularly and used over an extended period of time.

This has been very effective for us. I feel we have actually picked up business because of the discounter because we have become more aggressive and merchandised more effectively than ever before.

Because of the discounters we have become more conscious of merchandising, advertising, public relations, etc., and our business has improved.

A New York respondent writes:

If at all possible meet the prices on long term maintenance drugs. People do not mind paying a few cents more for an ℞ they are going to use once or twice, but long term therapy is another story. Low prescription prices on these items will give a "discount image" to the general public.

A New Jersey respondent writes:

Novelty has worn off. Customers are coming back.

He suggests:

Give services that they cannot give.

Have a 24-hour phone service.

Be willing to come back anytime for emergency prescriptions.

Be nice.

Be sociable.

A Texas respondent writes:

As a result of this intense competition, two independent stores in our immediate trade area have closed and this has made our position stronger.

His suggestions are the same as he followed for the competition of "supermarkets."

1) Service, delivery, courtesy, etc.
2) Bright, clean store.
3) Complete lines—full stock.
4) Plenty of merchandising.
5) Common sense and hard work.

A Missouri respondent writes:

Point out that we answer calls 24-hours a day.

We do not refuse a prescripiton requiring compounding.

We give credit in case of need.

We deliver if necessary.

We order special items.

A New Jersey respondent writes:

With a new prescription pricing system (adding a professional fee) and more personal service and direct contact with the customer, we have increased our profits, eliminated or converted people that were interested in price only.

His suggestions:

1. Learn to merchandise
2. Offer more personal service
3. Become more professional
4. Improve cosmetic department where the customer has to be sold by you—this is a necessary contact that can improve your relationship with the people.
5. Streamline the store into two main line prescriptions, drugs and medicinals and a good cosmetic line—get rid of ash trays, back scratchers, pots and pans, flower pots and become a drug store.

A Minnesota respondent comments:

Our volume has increased most likely due to our recent expansion and modernization. I hate to think of what our situation would be today if we hadn't taken this step. Our gross profit still has been affected somewhat.

He suggests:

Keep pitching, run a few lost leaders, and give service, service, service.

Support the Quality Stabilization now in Congress.

A Florida respondent writes:

1. Stress the service offered by your pharmacy. Stress the professional attendant and atmosphere in your pharmacy.
2. If this will not work then join them by offering "cost" + 50c and cash only. "Cost" being *Red Book* price. This is being done in this State by one pharmacy and his volume is so great he had to add a pharmacist to his staff.

A Pennsylvania respondent writes:

The discounting of "front" merchandise by chains gives the low price image to their prescription department and increases their chances of stopping a prescription. However, because of the service we offer we are gradually improving again. We already put one unit of a chain out of business in this area.

He suggests:

Stress complete prescription service—full inventory—free delivery—trained personnel.

Do not display the footballed loss leader items—bury them.

Use inserts explaining prescription costs and prices if it gets too tough.

Fire the front help and go strictly professional. Use professional fee and forget about the "cheapies."

Detail doctors more. Merge with other RP's.

A Kansas respondent writes:

We have lost forever 90% of our regular customers on account of nearby cut throat price competition. Most of what business we do is from customers who are in an awful hurry. A few still want us to fill their prescriptions regardless of price because they LACK CONFIDENCE in the INTEGRITY of the price cutters' PHARMACISTS.

He suggests:

Don't delay by under estimating the results of this kind of competition. It is like a fire; the sooner you fight it the better the chance of putting it out before it destroys you.

If I knew what I know now, I would find a way to match their prices on prescriptions by cutting unnecessary costs (unprofitable store hours, inefficient or unnecessary employees, unprofitable departments.

The best advice I could give any one faced with discount competition is to meet their prices *at once* and LET MY CUSTOMERS AND DOCTORS know what I was doing *at once*. It doesn't do any good to cut prices after the discounter has taken your customers away from you.

I have found out to my surprise that most doctors tell their patients where they can get their particular prescription filled at the lowest possible costs.

A Colorado respondent comments:

Can only speak from our own experience; we figured our actual cost of all prescriptions for 1961, and taking these figures, we set up a professional fee basis, and used it all thru 1962. We had many more satisfied customers for the year on higher price and medication, and showed a better profit for 62 than 61, both percentage and dollar-wise.

He suggests:

That to offset the discount competition, owners must promote the prescription department and give added services that the discounter does not do. Re-evaluate his pricing schedule, and show to his customers, that over a year's time, his prices will actually save the customer money, over the discounter.

As for an added service we have found a family prescription record brings the old customers back and creates new ones. We automatically send this out each January 31st . . . we keep the file next to the typewriter and enter each prescription on the customer's file card. We have found it takes only about 30 seconds more, and the customer is happy to wait for his prescription as long as the extra time will possibly save him money on his income tax the following year.

An Ohio respondent writes:

Adopt fee system as we did the last quarter of 1962. We mailed letters to physicians then with little or no help from them we mailed letters to the public on January 12, 1963 and already are seeing an increase in new prescriptions as totaled for January 1963. New prescriptions in January 1963 were better than every month except January, February and March of 1962.

Fee system of pricing makes us very competitive even with the worst discounters on prescriptions over $10 and many lower priced ones also.

I believe that gives you the feel of the suggestions. I would summarize as follows; it is recommended that you should stress:

Service
Friendliness
Personal attention
Cleanliness
Quality
Community service
Professionalism
Interest in the patients' problems
Concern for him or her as a person
Delivery
Charge accounts
Tax records for prescriptions
Complete lines—full stocks

It is aptly pointed out that your pharmacy should be clean, uncluttered, professional.

Obviously some of the veterans of the war with the discounters think you should meet the discounter's prices at least on some items or drugs.

A number of respondents recorded a reversal of a downward trend after a renovation or remodeling of their pharmacy to give it a more professional appearance.

In closing I would like to speak frankly, perhaps bluntly to make my point. I am a layman who has training in accounting and who has considerable experience in business and in economics. I have been dealing with the drug business for nearly 30 years. I think of myself as a businessman and as a business analyst. With this background, the markup system or procedure for pricing prescriptions just doesn't make sense. It didn't make sense to me before the discounters arrived and it makes less sense since their arrival.

The markup system of prescription pricing doesn't make sense to me because about one-third of your customers pay most of the overhead and profit on the business you do with the other two-thirds. These are round numbers and should not be taken too literally but you get the idea. Mrs. Jones didn't want and isn't enjoying the disease which prompted her doctor to prescribe expensive long term drug therapy. Why should she be asked to pay the overhead and profit on the next two inexpensive prescriptions which you fill? From an operating cost point of view or from a professional services rendered point of view, should a prescription for 30 Decadron .75 mg. tablets contribute more to the pharmacist's overhead and profit than a prescription for Empirin Compound with Codeine ¼ gram 12 tablets? Under the markup system and a minimum prescription price of 1.00 the Decadron prescription contributes over three times as much to overhead and profit.

No wonder the discounters are having a field day. How do I think you should stop them? Use a sensible application of the professional fee concept. You wil have an ℞ pricing system that can be defended by fact and logic and that will be price competitive.I submit that this will put the right kind of word-of-mouth advertising to work for you.

HARRY J. KNOX

Harry J. Knox is president of his own firm, Medical Data Services Inc., of Darien, Connecticut.

He attended the University of Chicago and worked in public accounting and insurance actuarial work. In 1935 he joined the A. C. Nielson Co. and was made a Vice President in 1943. In 1948 he helped inaugurate the Nielson Pharmaceutical Index. He resigned in 1950 to head up his own company, Medical Data Services.

This company specializes in gathering marketing information for the pharmaceutical industry. Currently Medical Data Services, Inc. provides the industry with four services; one of these services is a monthly survey of prescription activity throughout the country. This survey is based on data from 250 carefully selected pharmacies. In addition to the monthly pescription projections for all forms and potencies of all products which have attained a total U.S. volume of over 5000 prescriptions a month, data are presented on average prescription sizes, refill rates, manufacturer's revenue per prescription, consumer prescription prices, dosage directions, average therapy days per prescription, plus various other types of information which can be drawn from the basic data.

Medical Data Services, Inc. also provides a monthly measurement of medical journal advertising and direct mail advertising on pharmaceutical products. These services permit the subscriber to know how much circulation and how much advertising money is being used to support competitive products. The fourth service is a comprehensive measurement of the activity of pharmaceutical detailmen.

The company publishes over 3000 pages of data each month. His clients include almost all of the large and medium-size plus many small pharmaceutical manufacturers.

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THE MONTH

WINSTON CIGARETTES

Featured in all BMPA Stores

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Robert Tobias	Kenneth L. Whitehead	Robert A. Williams

*Post-Humously

Maryland Pharmacist Committee

Wilson Spilker, Chairman
Lou Rockman
Frank J. Slama, Board Advisor
Sam Sieger

Volume 22 FEBRUARY, 1964 No. 4

T.A.M.P.A. News

On February 1st, 1964, T.A.M.P.A. held its Annual Oyster Roast at the Knights of Columbus Hall on Highland Avenue and Fleet Street. The affair was well attended with over 100 people present. Members and guests seemed to enjoy themselves to the fullest. Everyone felt the oysters were delicious and the food was of the best.

A Board of Directors meeting was held on February 3rd, 1964 at the home of Herman Bloom. Business in general was the discussion of the evening. Plans were made for Al Callahan, Convention Entertainment Chairman, to hold his first meeting to make plans for Convention Time in Atlantic City.

T.A.M.P.A. will be the sponsor of Tuesday night's entertainment at the Annual Convention in Atlantic City. All members are requested to answer the call of Al Callahan if they will be able to participate in this evenings frivolities.

Support Your Associations

LOCAL, STATE, NATIONAL

"In Unity There Is Strength"

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A New Baby • A New Home • A Change in Social Security

All of the above, plus many other changes are reasons to review your insurance. Chances are, if it has been more than three years since your insurance has been reviewed, it is out of date.

We will be glad to offer you professional service with no obligation.

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Baltimore Metropolitan Pharmaceutical Association

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Treasurer—CHARLES E. SPIGELMIRE
Treasurer Emeritus—FRANK L. BLACK

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Chairman—AARON M. LIBOWITZ

Balance of 2 year term	For a 2 year term
JOSEPH H. MORTON	CHARLES A. NITSCH
JOHN F. NEUTZE	JOSEPH L. OKRASINSKI
JACOB L. RICHMAN	MORRIS SHENKER
WILLIAM C. ROSSBERG	MEYER STOLER

Ex-Officio—FRANCIS S. BALASSONE

PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

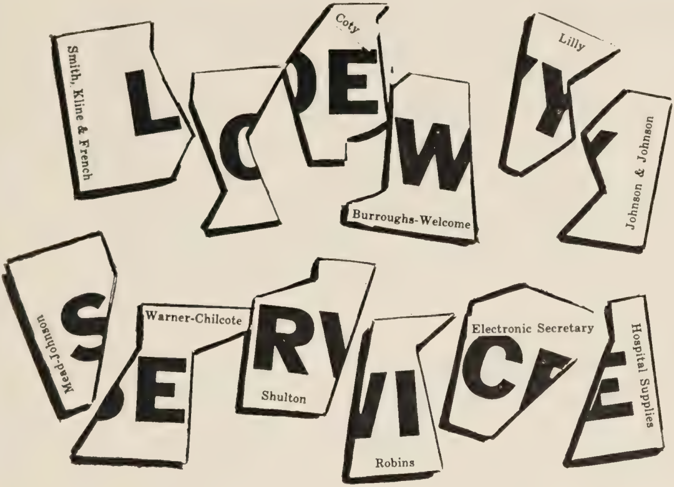
In the interest of our membership, the regular meeting night was devoted to meeting with our hosts, The Maryland News Company. To those of us who have a magazine or pocket-book department, this meeting was not only fruitful but challenging. Very few of us had a previous opportunity to meet with the executives of this growing company to discuss the problem of magazine distribution. Our contracts have been mainly through our route salesman and very often many of our problems remained unsolved. This meeting provided some of the answers we are seeking.

The magnificent attendance at our Installation Dinner Meeting at the Emerald Gardens was a heart warming tribute to both the officers of the Association as well as myself. With such a show of strength, it gives us additional impetus to go forward in carrying out the mandates of our Association.

Your Association is always ready and eager to work with our brother associations in Maryland, as well as the Maryland Pharmaceutical Association, in presenting a united, vigorous and active front for the betterment of Pharmacy in our state. I was privileged to attend a meeting of the Eastern Shore Pharmaceutical Society last month with our Secretary, Nathan I. Gruz, and was pleased with the spirit and vitality of their group.

I do not wish to sound repetitious but please support your organization by paying your dues promptly, attend the scheduled meetings, take an active part in our activities. Remember, in union there is strength. With all the problems confronting us, this is the time to present a united front.

IRVING I. COHEN
President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1300 N. Chester St. ● DIckens 2-7875

NEWS ITEMS......

Spring Regional Meeting

THURSDAY, APRIL 16, 1964
EASTON, MD.

The Spring Regional Meeting of the Maryland Pharmaceutical Association will be held on Thursday, April 16, 1964 at the Elks Club, Easton, Maryland, on Route 50, in conjunction with TAMPA and LAMPA.

The program feature will be a panel discussion on "HOSPITAL PHARMACY AND COMMUNITY PHARMACY—PROBLEMS OR PROGRESS?"

The panelists are Milton W. Skolaut, Chief, Pharmacy Department, National Institutes of Health and President, American Society of Hospital Pharmacists, and Milton Kahn, Chief Pharmacist, Somerset Hospital, Summerville, N. J., who was a community pharmacist for 25 years.

Hospital pharmacy has become an important facet of Pharmacy. The filling of prescriptions for outpatients, price differentials, physicians' private offices in hospitals, etc., are problems of growing concern and merit the serious consideration of all in Pharmacy. A pharmacist from every pharmacy should attend this meeting.

A memorial service for the late Dr. John F. Wannenwetsch, elected Honorary President and Treasurer Emeritus, will be held at this meeting, the first since his death.

The Ladies Auxiliary has arranged a sightseeing tour for the ladies in Easton, which has many historic sites and fascinating antique shops.

The schedule for the day is:

1:00—Luncheon
2:30—M.P.A. Business Meeting
Memorial Service for John F. Wannenwetsch
2:30—Ladies Auxiliary Meeting and Entertainment
3:00—Panel Presentation and Discussion
5:00—Cocktail Hour
6:00—Roast Beef Dinner
7:00—Presentation of Past President's Plaque to Victor H. Morgenroth, Jr. by E. R. Squibb & Sons
★Drawing for free Convention Trip for dues paid members★

The total charge per person for luncheon, dinner and gratuities is $5.50. Luncheon alone is $2.00 and dinner alone $3.50.

All pharmacists, allied personnel and their associates are urged to attend. Ladies are cordially invited to participate. A most informative and enjoyable day in a beautiful setting is in store for all.

B.M.P.A. Monthly Meeting

The meeting on Thursday, February 20, 1964, at the Kelly Memorial Building, featured two important and informative programs. Mr. Melvin Trosch, head of the Maryland News Company, presented an illuminating talk on "The Growing Pocket Book Market." A question and answer period on magazines and pocketbook distribution followed.

Mr. Wallace Redifer of the Maryland Crime Investigating Committee spoke of the work of this voluntary citizens group. He reviewed the situation as to holdups, burglaries and juvenile delinquency.

The Maryland News Company concluded the evening with a delicious buffet.

Use Your Association Services

EXAMPLES:

1. Employment service for pharmacists.
2. Insurance — life, health, accident, Blue Cross.
3. Speakers and speeches for community groups.

New Flavor!
New Promotion!
New Profits!

GREAT NEW FAVORITE
TOFFEE FUDGE
Sealtest TRADE MARK
ICE CREAM
Handy Half Gallon

Boost your ice cream volume — and your store volume — by stocking Sealtest, the one brand steadily sparked by Special Flavor promotions. NEW in name, NEW in taste excitement, NEW in consumer appeal — each Special Flavor is backed by a terrific promotion that will attract customers for ice cream **and build your sales of other items as well!**

- Colorful newspaper ads feature each Special Flavor.
- High-frequently TV commercials in prime time sell hard in your local area . . . to your customers.
- Colorful cartons individually designed to promote each Special Flavor.

**One Flavor sells the others—
When they're from Sealtest**

Sealtest
TRADE MARK
ICE CREAM

Prince Georges-Montgomery County Pharmaceutical Association

The February meeting was held Wednesday, February 12, 1964 at the Co-Op Community Hall, Takoma Park. The meeting was devoted to the subject of relations of the organization to the Maryland Pharmaceutical Association. Nathan I. Gruz, Executive Secretary, Maryland Pharmaceutical Association, spoke of the necessity for a reciprocal dues agreement between the state and local group.

Reciprocal membership whereby membership in the local would be required for membership in the Maryland Pharmaceutical Association and conversely, membership in the state society would be required for membership in the local, was thoroughly discussed. It was emphasized that advancement for Pharmacy in Maryland could be achieved only by strong pharmaceutical organizations in which all pharmacists were members and carried their share of responsibilities and obligations. The services that pharmacists demand, as well as the legislative, professional and public relations programs that they consider essential for professional and economic survival, can result only when all pharmacists are willing to do their part. Progress has been hampered by lack of recognition that other professions have gained their objectives only by assuming membership and granting the support that will provide the resources, staff and programs to do the job. In the past, too many pharmacists have stayed on the sidelines, criticizing, and have left the burdens and work to a dedicated few.

It was pointed out that the Eastern Shore Pharmaceutical Society already requires membership in the M.P.A. Other local groups are giving consideration to this vital aspect of building an effective organizational structure for Pharmacy in Maryland. The local groups would continue to be autonomous and self-governing. This act on the part of pharmacists would enable each pharmacists to be part of the voluntary self-regulating process of a true profession, for it is through the Maryland Pharmaceutical Association that the pharmacists of Maryland choose the members of the State Board of Pharmacy. The M.P.A. is recognized by the Maryland Pharmacy Law for this purpose. Pharmacists who remain outside of the M.P.A. are not participating in this chain of voluntary self regulation of their profession.

Drug Store Changes

The following are changes for January in drug stores:

CHANGE OF OWNERSHIP:

Austin's Pharmacy, Inc., Robert Feroli, Prop., 6729 York Road, Baltimore 12, Maryland. Formerly owned by: Mrs. Dorothy B. Austin.

Bethesda Pharmacy, Rudolph R. Yaros, Prop., 6833 Wisconsin Avenue, Chevy Chase, Maryland. Formerly owned by Harry S. Sylk, Pres., Carrier Drug Company.

John N. Schuster, Pharmacy Corp., J. Murray Sweeney, Prop., 3701 Belair Road, Baltimore 13, Maryland. Formerly owned by Emilie R. Schuster, Prop., Schuster's Pharmacy.

Shields Ethical Pharmacy, Stephen Panamarow, Prop., 6410 Frederick Avenue, Catonsville 28, Maryland. Formerly owned by Arthur P. Shields.

CHANGE OF ADDRESS:

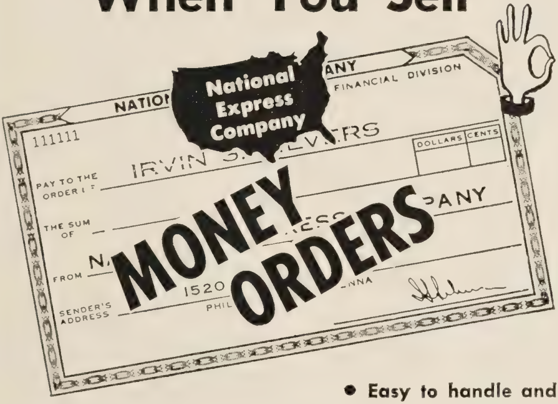
Crestlyn Pharmacy, Stuart Shpritz, Prop., 3840 Crestlyn Road, Baltimore 18, Maryland. Formerly located at 864 W. North Avenue, Baltimore 17, Maryland—(Shpritz Pharmacy).

STORE CLOSED:

Eckhardt College Pharmacy, Henry Eckhardt, Prop., 301 Marydell Road, Baltimore 29, Maryland.

HOW TO MAKE MONEY WITHOUT EVEN TRYING?

TOP COMMISSIONS When You Sell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MONEY ORDERS

Use the Company That Helps You the Most

- Easy to handle and sell
- No investment — it's all profit
- All accounts serviced regularly

call or write for information — no obligation

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NATIONAL EXPRESS CO. of Maryland, Inc.
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Tell me—without obligation—how I can profit more with National Express Company MONEY ORDERS.

Name________________

Address________________

City____________ State______

DON'T DELAY ★ MAIL TODAY!

Allegany-Garrett Counties Pharmaceutical Association

Members of the Allegany-Garrett Counties Pharmaceutical Association met on Wednesday, February 5, 1964 at Cas Taylor's Restaurant. The meeting was called to order at 11:00 A.M. by Samuel Wertheimer, Vice President, in the absence of Francis L. Judy, President.

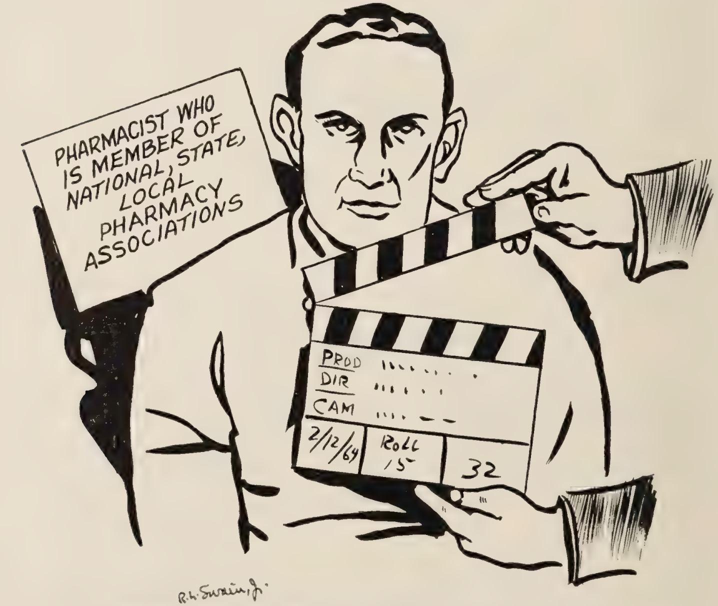
On the suggestion of William A. Cooley, a contribution from the Association to the John F. Wannenwetsch Scholarship Fund of the Maryland Pharmaceutical Association was approved.

C. Murray Allen suggested the formation locally of a speakers bureau consisting of Association members to be available to address civic groups on subjects concerning the profession of Pharmacy.

A proposal by C. Murray Allen for a testimonial dinner for Webster Edwards and Ivan Lichtenstein, retired pharmacists who had practiced in the Cumberland area for many years in an examplary manner, was approved. William W. Resser and C. Murray Allen were appointed as an organizing center to arrange for the dinner.

Henry J. Glick, Poison Control Week Committee Chairman, announced the installation of a window display in the Chamber of Commerce window in the Fort Cumberland Building. This project is in conjunction with the Tri-State Poison Committee and the American Pharmaceutical Association.

The members were invited to attend the February meeting of the Tri-County Pharmaceutical Association.


PHARMACIST WHO IS MEMBER OF NATIONAL, STATE, LOCAL PHARMACY ASSOCIATIONS
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ROLL 15
32
R.L. Swain, Jr.

PERFECT CASTING FOR THE TYPICAL PHARMACIST'S ROLE!

A REAL BUSINESS BUILDER!

A UNIQUE SERVICE ... YOU CAN NOW OFFER YOUR CUSTOMERS FREE!

HEALTH

SAV-A-TAX™

- Get 100% — not just 50% — of your present customers' Rx and drug business
- Increase drug item sales
- Closer tie-in with physicians

YOU CAN'T HELP BUT INCREASE Rx AND DRUG BUSINESS BECAUSE . . .

1. YOUR CUSTOMER must be able to show proof of Rx and drug purchases for income tax deductions — insurance claims.
2. YOUR CUSTOMER will be pleased to know you are taking pains to help "protect his **health** and **pocketbook**".
3. YOUR CUSTOMER will appreciate your having a record at your fingertips of his family's Rx needs.
4. YOUR PHYSICIANS will look to you for patient/customer information you can supply with SAV-A-TAX.
5. WALK-INS will become steady customers.

INSTANTLY AVAILABLE FOR YOU EACH FAMILY'S NEW AND REFILLED Rx'S BY NUMBER AND INGREDIENT CODE.

ONE ENTRY MAKES . . OFFICIAL STORE RECEIPT

•Rx LOG BOOK • CUSTOMER PERMANENT PURCHASE RECORD

Coupon Brings Details :

BANNER BUSINESS FORMS, INC.
411 North Caroline Street, Baltimore 31, Maryland
DIckens 2-0300

Name . . . .

Store Name . . . .

Address . . . .

City . . . . Zone . . . . . State . . . .

A 22 Day Tour To Israel And Europe

AUGUST 20 - SEPTEMBER 10, 1964

In Conjunction With THE FIRST WORLD CONGRESS OF JEWISH PHARMACISTS

1. The First World Congress of Jewish Pharmacists, 23rd to 30th August with Sessions in Jerusalem, Rehovoth and Tel Aviv.

2. The laying of the Corner Stone of the new building of the School of Pharmacy at the Hebrew University in Jerusalem on 24th August.

The Aims of the Congress are as follows:

(a) Scientific achievements in the Pharmaceutical Sciences (reviews, symposia and research contributions).

(b) Foundation of a World Union of Jewish Pharmacists with the aim of promoting the cause of international pharmacy.

(c) A review of pharmaceutical developments in Israel and their place in the improvement of Public Health.

The tentative Program includes a Ceremonial Opening, Ceremony of the laying of the Corner Stone of the School of Pharmacy, Scientific Sessions, a Symposium by the Staff of the Faculty of the School of Pharmacy, Organizational Meetings, Receptions, Sightseeing tours.

After the close of the congress, the tour will continue on to Italy, Switzerland and France, returning from Paris on Setpember 10th.

Substantial savings will be realized in transportation, sightseeing and hotel accommodations for those traveling with the Association group, which is open to all Pharmacists, and their families and friends—travel arrangements under the direction of American Express Company. Herman Kling, Baltimore pharmacist, is in charge.

For further information write:

"World Congress"
c/o Maryland Pharmaceutical Ass'n.
650 West Lombard Street
Baltimore, Maryland

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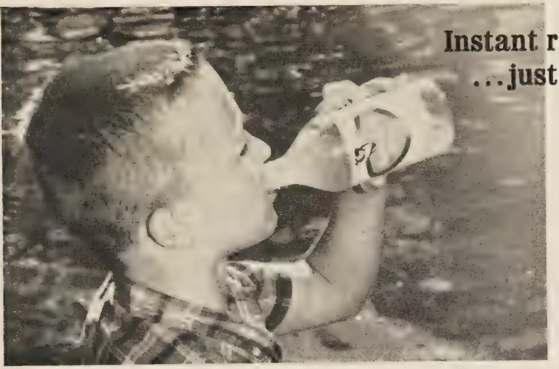

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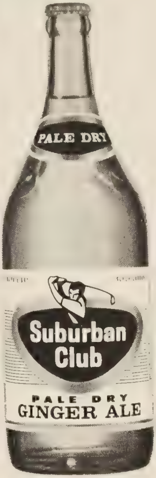

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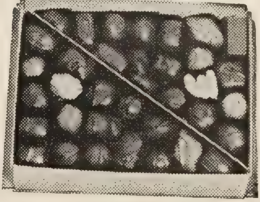

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ASHP Sponsors Drug Information Conference

Directors of Pharmacy Service and staff pharmacists from 75 hospitals throughout the U.S. participated in a Special Conference on Drug Information Services sponsored by the American Society of Hospital Pharmacists. Meeting at the University of Kentucky Medical Center, Lexington, the participants saw in operation the **first** organized Drug Information Center staffed by a full-time pharmacist.

The three-day program was designed to stimulate interest, evaluate needs, and determine a program of action for providing a drug information service in a significant number of centers located in pharmacy departments in leading hospitals throughout the country. At the conclusion of the program which had included talks by F. Ellis Kelsey, Ph.D., Special Assistant to the Surgeon General, U. S. Public Health Service, and George L. Saiger, M.D., Dr. P.H., Director of the Divsion of Research and Refrence of the FDA's Bureau of Medicine, twenty hospital pharmacists expressed the opinion that their Departments offer the possibility of setting up Drug Information Centers. It is anticipated that such centers would not only contribute to rational drug therapy and make it possible for the pharmacist to serve the physician as a "consultant" or "informant," but could provide the means for developing a plan to audit drug therapy in major American teaching hospitals under a program which would profoundly affect the evaluation and use of drugs. Supporting the interest of pharmacists who may become drug information specialists, announcement was made regarding possible assistance from the American Society of Hospital Pharmacists through proposed demonstration projects and traineeship programs. In preliminary discussion with Richard D. Wittrup, Administrator, and Paul F. Parker, Director of Pharmacy Central Supply, University of Kentucky Medical Center, it was agreed to explore further the possibility of establishing, in cooperation with the Society, a training program at University Hospital. Such a program would be an integral part of the Pharmacy Central Supply Department.

Discussing trends in the field of scientific information with direct application to the needs of the pharmacist who provides drug information, subjects covered ranged from the problems associated with the dissemination and effective utilization of drug information to reports by specialists who have actually been involved in such programs.

OBITUARIES

J. FREDERICK FEHLER, 77, Elkton dentist and Assistant Pharmacist. He was a pharmacist in Baltimore prior to graduation from the University of Maryland School of Dentistry in 1919. Among his survivors is Alfred Fehler, retired Baltimore pharmacist.

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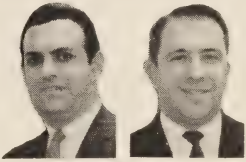

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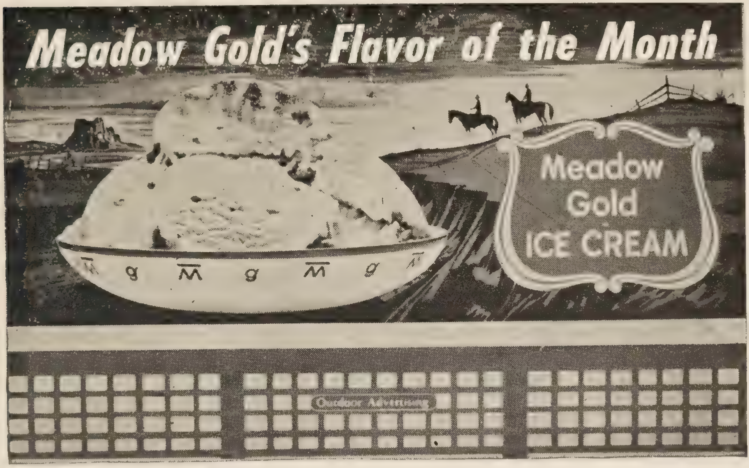
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Fees For Pharmacies Under The Medical Care Program

The following is taken from the memorandum submitted to Governor J. Millard Tawes by Nathan I. Gruz, Executive Secretary, Maryland Pharmaceutical Association, and Member of the Pharmacy Services Committee, State Council on Medical Care:

The State Council on Medical Care has recommended an increase in fees paid to pharmacists under the Medical Care Program. This was the result of study and deliberations by the Pharmacy Services Committee of the Council on Medical Care and was approved by the State Department of Health and the State Board of Health.

The present fee schedule was approved in 1958. Although it was intended to increase the compensation to pharmacists, the result was a *decrease* due to the change in prescribing practices of physicians. There have been substantial increases in fees for other services in the Medical Care Program as recently as 1963.

At present the fee to pharmacists based upon a schedule of $0.50, $0.70, $1.00 and $2.00, which is added to the cost of ingredients, results in an average fee of 73c for the Baltimore City program and 87c for the County program, the average for the State being about 78c. The fee schedule recommended for the coming year consists of two fees: $1.00 and $2.00 and eliminates the .50 and .70 fees. This results in an average fee of about $1.08.

A survey of regular prescriptions (non-Medical Care) filled in the state shows an average fee of $1.55, which indicates that the pharmacists receive 77c or 50% less as a fee for Medical Care compared to what they receive for their regular prescriptions.

The request under consideration, which would result in an average fee of $1.08 for Medical Care prescriptions, would still be 47c less (or two-thirds) of the average regular fee.

The present compensation to pharmacists, which was inequitable in 1958, is even more so in 1964 in view of the great increases in salaries for pharmacists and higher expenses in transacting business. The increasing cost of everything is something we are all painfully aware of.

It is important, also, to take cognizance of the figures available as to the "cost of filling a prescription". Surveys show that this cost ranges for most phramacists from $1.20 to $1.50.

It is obvious that under the Medical Care Program the pharmacists, who are anxious to provide proper and essential pharmaceutical services to all citizens, are actually subsidizing most Medical Care prescriptions. The pharmacists would like to at least break even if possible.

Another development which is making the situation more critical for pharmacists is that the Medical Care program is expanding, particularly the MAA (Medical Assistance to the Aged). Pharmacists in areas that previously had no Medical Care descriptions are now filling them. Aggravating the situation is that MAA patients demand and require the same service they received when just a day previous they were regular, paying patrons. These MAA patients require their prescriptions to be picked up and delivered. Delivery is an expensive service, hardly compensated by an average fee of 78c.

In addition, pharmacists are not compensated for prescription containers which cost 10c to 25c, telephone calls to physicians, postage and other expenses in handling Medical Care prescriptions.

It should be emphasized that the major part of the budget allotted to "Pharmacy Services" is the *cost* of drugs over which the pharmacist has no control. He must dispense the drugs the physicians write for. The pharmacist's part is the fee, which is the small-

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er part of the total "Pharmacy Services" bill listed in the Medical Care budget.

All the pharmacist wants is something approaching fair compensation for his services to the community. He stands ready day and night, seven days a week, to provide medication to those in need.

Youngs Rubber Corporation Holds Annual Meetings

Youngs Rubber Corporation held the third in a series of four management seminars and sales meetings at the Statler Hilton Hotel, New York, N. Y., January 29th thru February 3rd 1964.

President John C. MacFarlane, conducted the meetings, assisted by Sales Manager Melvin Clark, which were attended by Division and District Sales Managers and their sales representatives calling on the New England and Eastern States. Attending were Earl Vreeland, District Manager, and George M. Brandt, representative for Maryland and Delaware.

The agenda included discussions on the following subjects:

The effect of Youngs' successful defense of their recent thirty million dollar lawsuit, which —

> Guaranteed the right of organized pharmacy to collectively lobby for or against legislation important to the entire drug field, and vindicated the right of all pharmaceutical associations to lobby for and seek the enforcement of existing laws which they believe to be in the best interests of the health and welfare of their communities.

The importance of continued cooperation from Pharmacy in enabling a manufacturer such as Youngs to maintain a drug store only sales policy on all of their products.

The importance of ethical drug store dispensing of quality prophylactics as a protection of health and community morals.

The continuance of the free "Insured thru Inventory Control" program for all pharmacies.

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a.	Cigarettes	30c	Sales Tax 1c
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	Cigarette Tax	6c	
	TOTAL	30c	(no Sales Tax)

If signs are posted as in example (b), the Cigarette Tax need not be included when figuring the Sales Tax.

Soft drinks sold in **unopened** containers are not considered food and are taxable at 25c.

LIFE INSURANCE PLAN AVAILABLE TO MEMBERS

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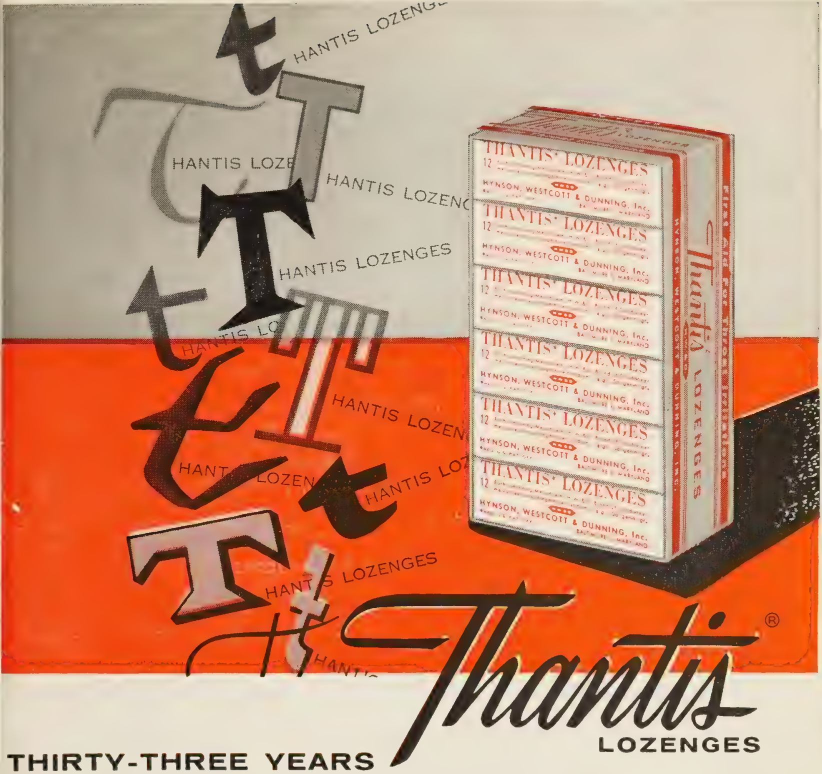
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXIX MARCH, 1964 No. 6

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Editorial . . . . . .

You, Too, Can Be A Successful Pharmacist

The pharmacist who is a continuing success in 1964 is the alert pharmacist who welcomes innovation and who is flexible in his techniques. However, he is always inflexible in his emphasis on personalized service to his patrons, particularly in health related services and goods of unquestioned quality.

The successful pharmacist is alert to prevailing practices, but is not stampeded into turning his prescription fee schedule into a bargain basement battle of wits with his patrons. The alert pharmacist, both independent and chain, realizes that a relatively small percentage of the public judges the community pharmacist on price alone. He arrives at prescription fees which are reasonable and fair to his patrons and are based upon adequate compensation for professional services rendered, personalized attention and accommodation, investment in stock and fixtures and discharge of professional responsibilities.

Patrons who have tried to rely on establishments that base their appeal on price alone are coming to realize that the particular pharmacist who provides the professional service is a vital factor. Many patrons have come back to their community pharmacist after trips on super highways.

The comprehensive inventories, the willingness to obtain and deliver seldom called for items, coupled with sincere personal interest, are assets which the community pharmacist can capitalize on.

Independent and chain pharmacists alike are realizing that prescription departments cannot long be operated at a loss. Those who paniced are readjusting their practices.

These wide awake pharmacists are on the lookout for unique professional services to offer. Surgical supplies and the rental of sickroom equipment are examples of natural additions to the pharmacist who will devote the necessary effort.

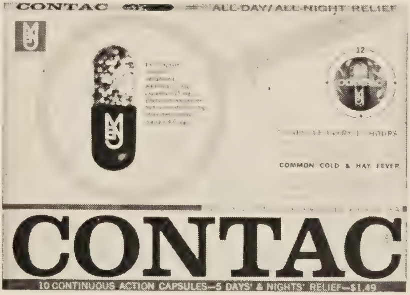
Attention must be paid to periodic remodeling or rearrangement. Exteriors should be checked to present a distinctive, professional appearance. The name of the pharmacist or pharmacy should be foremost rather than the trademark of some manufacturer of non-health related products.

More and more pharmacists are installing patient record systems to maintain personalized medication records which assist the pharmacist and enables him to provide vital medical information to physicians and tax records for patrons.

The successful pharmacist's formula usually includes participation in community activities and service clubs.

Experience also proves that the truly successful pharmacist supports and participates in his professional organizations. He assumes his share of obligations and responsibilities for the fate of his profession. *He does not criticize destructively from the sidelines, but earns the right to be a constructive part of the decision-making and self-regulation of a true profession.* He benefits by being an informed pharmacist and by contributing to the advancement of his profession.

What have you got against colds?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President's Message . . . . . .

Dear Fellow Members:

My message this month is a report on the Congress of Medicine and Pharmacy which I attended in Chicago on March 12th and 13th under the sponsorship of the American Medical Association, the American Pharmaceutical Association, and the National Association of Retail Druggists.

This meeting, the first of its kind, was held for a better understanding and cooperation of the two professions.

The main item of discussion was ownership of pharmacies by physicians and was discussed under the heading "Before The Court of Professional Opinion."

This panel, moderated by Allan B. Kline, was very informative and got right to the root of what I believe to be our trouble. Panelists William Y. Rial, M.D., put forward the point that pharmacists will have to become more professional in their store operations. A. P. Swenson, M.D., commented along the same lines and remarked that most physicians do not want to own or become involved in pharmacies. William Galbreath, R.Ph., brought forward the point that all pharmacies should be owned by pharmacists only.

Robert E. Abrams, R.Ph., commented on case histories of pharmacies owned by physicians or clinics. It was agreed at the Congress that all pharmacists and most physicians deplored the fact that physicians were getting involved in pharmacy ownership. All agreed that physicians have a perfect right to own real estate and rent space to pharmacists if they did not charge exorbitant rents.

At the close of these talks, the physicians present who owned or who were interested in clinics owning or supporting pharmacies, tried to defend their viewpoint, but I don't believe they were effective.

The next panel, under the heading "Of Facing Up To These Problems" put forth the following reasons Pharmamy has gotten so far out of control that anyone can own a drug store. Robert G. Gibbs, R. Ph., commented that the Iowa Pharmaceutical Association has been pushing very hard to get pharmacy ownership laws passed. R. Mayo Lenery, M.D., commented that support of pharmaceutical societies was so poor that pharmacies could not discipline their own group. William H .Keeler, M.D., commented to the effect that most physicians owning pharmacies were motivated by greed. He believed that this situation will again be brought up at the next A.M.A. convention in June. Harold C. Freking commented on the close relationship between Pharmacy and Medicine in Cincinnati, where both societies occupied the same building and could go over their problems very easily.

The consensus of opinion seems to be that most of the trouble lies with Pharmacy because the profession has been lax to the point that anyone can operate or own a pharmacy. It seems we have a tremendous job in Pharmacy to get the profession back into the hands of pharmacists. This is a **must** or we will find more and more physicians getting into pharmacy ownership to control their prescriptions. Physicians do not want their prescriptions filled in grocery stores and discount houses.

You will note by the program that we listened to 9 other speakers, making a total of 17 speakers the first day. This was quite a problem as many of these did not speak on the problems of pharmacy ownership. Just a few notes on other speakers.

March 12th. 9:30 - 9:45. George M. Fister, M.D., opened the Congress with "Comments on the two great Professions." 9:45 - Rome A. Bitts commented on the obligation of Medicine and Pharmacy to the public. His remarks were that the rapid advancement of medicine in pharmacy will be the means for pharmacists to get back to the professional atmosphere of Pharmacy. 10:15 - "Working Together" brought comments from the following: Joseph Jerome, Ph.D., who explained the function of the U.S.A.N. Council which was responsible for the naming of all new drugs. Joseph B. Sprowls, Ph.D., commented on the role of the pharmacists as a public health consultant. Hugh H. Hussey, M.D. commented on the "Safety of Drugs." Henry L. Verhulst, R.Ph., discussed "Poison Control Centers." 11:15 - Robert E. Lee, R.Ph., in "Inter-Professional Relations" commented on the refilling of prescriptions and accused some physicians of not marking prescriptions in order to bring many patients back to the office for an extra fee. Edgar T. Beddingfield, Jr., M.D., commented that the detail man is a great help to the physician. 12:00 Noon - Austin E. Smith, M.D., talked on the many problems facing Medicine and Pharmacy.

March 13th: 9:00 A.M. First Session. "Ethics and Law—A Joint Responsibility." Robert B. Throckmorton, A.M.A. General Counsel, stressed the fact that the physicians are not allowed to work for laymen and pharmacists should follow this policy. Raymond J. Dauphinais, Director, Legal Division, A.Ph.A., commented on "P.R.N." which is legal, except for narcotics and drugs specified by the State Laws. Legend drugs should not be advertised in newspapers or lay magazines. He warned that if matters were not straightened out by the profession, the government would do so by law. Sidney Waller, General Counsel of the N.A.R.D., commented that patent medicines and drugs not proved to be effective to the government's satisfaction would be removed from the market. He called for pharmacies to be owned only by pharmacists and commented on the New York Pharmacy Law which was before the legislative body in that state. Legislation is the only answer for professional ownership in Pharmacy and Medicine.

Last but not least, D. S. Lee, Ph.D., from London, England, commented on "Insurance for Inpatients" at hospitals and "Outpatients." He stated that insurance would be too expensive for the outpatient. In his final remarks, he tore the "Quality Stabilization Bill" apart and asserted that it should not be enacted.

Glenn L. Jenkins, Dean of the School of Pharmacy, Purdue University, called for a closer relationship between the professions and for pharmacy to take steps to get back into the professional area.

It was decided by hand vote that this type of meeting should be held annually.

I am glad I had the opportunity to attend this first national congress of the two professions. I believe that if Medicine and Pharmacy meet together, we can make progress in solving some of our mutual problems.

Sincerely,
WILLIAM A. COOLEY
President

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Secretary's Script . . .

A Message from the Executive Secretary

"I Didn't Know What I Was Missing!"

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The 1964 Convention promises to be one that no pharmacist or colleague allied with our profession can afford to miss.

The Annual Convention is compounded of several essential ingredients: Association business with a review of activities of the profession in Maryland, information by experts to prepare Pharmacy to cope with professional and economic developments and discussion by national leaders of the critical issues in Pharmacy.

Tuesday will be devoted to presentations by authorities on various ways of expanding the professional services in a Pharmacy: surgical supports, hearing aids and sickroom supplies. Here are areas in which more and more pharmacists are putting their education and training to professional and profitable use.

Wednesday will feature a rare opportunity for pharmacists and an unprecedented one for Maryland's pharmacists. Dr. William S. Apple, Executive Director of the American Pharmaceutical Association, and Mr. Willard Simmons, Executive Secretary of the National Association of Retail Druggists, will appear together to discuss the vital organizational and other problems confronting us today, such as affiliation.

A panel discussion will follow on "Reclassification of Drugs" in which various proposals to establish categories of drugs available only from pharmacists or pharmacies will be discussed. Mr. Wilbur E. Powers, Secretary of the National Pharmaceutical Council, will preside as moderator.

Like every outstanding formula or recipe, there must be the appeal of flavor and taste. At the Convention this is performed by the entertainment features. This year Convention Chairman Sol Weiner has gone all out to provide entertainment every evening. T.A.M.P.A. will, of course, present a show as well as assist throughout the Convention to assure an enjoyable time for all.

All will remember the fine L.A.M.P.A. program last year which the men also enjoyed. This year the piece-de-resistance will be a trip to the historic Smithville Inn in Absecon for lunch, tour and shopping.

Do not be one of those who misses out each year. Make your arrangements now to attend the Convention June 29, 30-July 1, 2 at the Shelburne Hotel, Atlantic City, New Jersey. All rooms are now air-conditioned. Accommodations are also available in the adjoining Empress Motel.

Combine the advancement of your profession with a few days of relaxation.

Now that you have an idea of what you'll be missing if you don't attend, mail your reservation in promptly.

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Nathan I Gruz

Executive Secretary

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School of Pharmacy, U. of M., News ......

Summary

UNIVERSITY OF MARYLAND
BOARD OF REGENTS MEETING
March 13, 1964

General Education Policy: Following a two-year study, a University of Maryland faculty committee has received Board of Regents approval of a general education program to be required of all University of Maryland students.

Replacing the American Civilization Program established in 1946, the new program is aimed at improving the student's general education background by changing the number of required courses, supplementing others and shifting emphasis in certain required study areas.

Recommended by a five-man faculty task-force committee and proposed by the Faculty Senate Committee on Programs Curricula and Courses, the new general education program:

- reduces the number of credit hours required in English from 12 to nine credit hours, with three semester hours of composition and six semester hours in literature.
- requires the same number of credit hours (6) in history, with three semester hours being required in American history, but enabling the student to elect three other semester hours in history courses of this own choosing,
- liberalizes course requirements in social science, requiring two three-semester hour courses selected from anthropology, economics, political science, psychology and sociology,
- adds a seven-semester-hour (two courses) requirement in science,
- adds a requirement of one college-level mathematics course,
- adds a three-credit course requirement in the fields of fine arts or philosophy,
- requires a two-semester hour course in health education of all men, formerly required only for women students, and
- reduces a two-year physical education requirement to one year.

The revised General Education Program will be phased into operation beginning in September, 1964.

Dr. Noel E. Foss, dean of the University of Maryland School of Pharmacy, has announced the names of students on the Honor List for the first semester of the academic year 1693-1964.

Those in Baltimore are: **fifth year student**—Richard L. Wynn; **fourth year students**—Richard L. Cysyk, Charles J. Schutz, Michael J. Walsh, and Cornelius B. Williams, Jr.; **third year students**—Carolyn J. Avery, Mitchell A. Christian, John A. Donnelly, Frederick Eng, Charles Fleischer, Eugene Johnson, Lawrence Martin, H. Barry Meyer, John M. Tims, David Via, Frank J. Vykol, and Myron Weiner.

Others on the list are: **fourth year students**—Gerald M. Rachanow, Randallstown; **third year students**—John W. Dailey, Westernport, Allegany County; Anne Garfield, Arlington, Virginia; and William C. Moore, Rehoboth Beach, Delaware.

The Student Branch of the American Pharmaceutical Association at the University of Maryland School of Pharmacy met on Tuesday, March 10, 1964 in Dunning Hall. Dr. Chana Kawarski, Research Associate, Temple University School of Pharmacy, addressed the group on the subject of "Educational Program and Practice of Pharmacy in Israel." Ronald Del Castilho, president, presided.

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Maryland Board of Pharmacy . . . . .

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F. S. BALASSONE, B.S.
Secretary

301 WEST PRESTON STREET
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—NOTICE—

The Maryland Board of Pharmacy will conduct an examination for registration as Pharmacists at the School of Pharmacy, University of Maryland, 636 West Lombard Street, Baltimore 1, Maryland.

On Wednesday, Thursday and Friday, June 17, 18, and 19, 1964

The examination will begin at 8:00 A.M. each day.

Application should be in the hands of the Board by Friday, June 5, 1964 or by Monday, June 8, if the latter bears a post-mark of June 6, 1964.

Drug Store Changes

The following are changes in drug stores for the month of February:

Closed:

Meyer's Pharmacy, Gilbert I. Friedman, Prop., 1631 Madison Avenue, Baltimore 17, Maryland.

Doctor's Pharmacy, Inc., Sophia Oberfeld, Lillian R. Koplin and Rose Cohen, Props., 1501 E. 33rd Street, Baltimore 18, Maryland.

Ashburton Pharmacy, Donald E. Teets, Prop., 2303 N. Charles Street, Baltimore 18, Maryland.

Hanlon Drug, Inc., Hernest Helgert, Pres., 2601 N. Hilton Street, Baltimore 16, Maryland.

Rosenthal's Pharmacy, Emanuel Rosenthal, Prop., 5001 York Road, Baltimore 12, Maryland.

Change of Ownership:

Meyer's Pharmacy, 2101 W. North Avenue, Baltimore 17, Maryland, Gilbert I. Friedman, Prop; formerly, Weltner's Pharmacy, William Weltner, Prop.

Parkside Pharmacy, 4810 Bowleys Lane, Baltimore 6, Maryland, Harold L. Cooper, Prop.; formerly, Moravia Pharmacy, Charles P. Price, Prop.

Read Drug & Chemical Company, 2043 Mondawmin Mall, Baltimore 17, Maryland, Arthur K. Solomon, Pres.; formerly, Sun Ray Drug Company, William H. Sylk, Pres.)

MARYLAND BOARD OF PHARMACY
301 West Preston Street
Baltimore 1, Maryland

March 4, 1964

Dear Pharmacist or Pharmacy Owner:

On June 1, 1963, House Bill 371 became law. In November of 1963 this law was circulated to all pharmacists and pharmacies registered in this State.

At this time your attention is directed to Article 43, Section 266A(c) which reads as follows:

> "The Board's power either to reprimand a pharmacist or assistant pharmacist or to suspend or revoke his license shall be for any of the following causes:"

and to, Article 43, Section 266A (4);

> "Upon proof satisfactory to the Board of Pharmacy that a pharmacist or assistant pharmacist is guilty of grossly unprofessional conduct. The follow-

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ing acts on the part of a pharmacist or assistant pharmacist are hereby declared to constitute grossly unprofessional conduct."

and to, Article 43, Section 266A (4) (ii);

"The providing or causing to be provided to physician, dentist, veterinarian, or other medical practitioners, prescription blanks or forms bearing the pharmacists' or Pharmacy's name, address or other means of identification."

At a recent meeting the Board concluded that the above law will be strictly enforced on July 1, 1964. Pharmacists are hereby instructed to recall all blanks in physicians' stocks.

It is to be noted that the prescription blanks or forms *shall not* bear the pharmacists' or pharmacy's name, address or other means of identification regardless whether the above is done at the time of printing or processing or later done in physicians' offices or other places by stamping, taping, coding or other means. Phone numbers, registration numbers, etc., would be construed under "other means of identification" and would be in violation of the above section.

Very truly yours,
F. S. Balassone, Secretary
Maryland Board of Pharmacy

IMPORTANT NOTICES

DEPARTMENT OF HEALTH
STATE OF MARYLAND

March 2, 1964

To: Health Officers
Bureau and Division Chiefs
State Hospitals
Department of Budget and Procurement

From: F. S. Balassone, Chief
Division of Drug Control

Re: Drug Withdrawal Notice — PARNATE (tranylcypromine, SK&F)

1. The Food and Drug Administration announced on February 25, 1964, that it has concluded that the new drug, tranylcypromine (Parnate), is not safe for continued distribution under present labeling.

   "FDA said that a significant number of adverse reactions have been reported in patients who were taking the drug alone or in combination with other drugs. References to increased blood pressure have been found in some 400 reports on use of the drug, from world-wide sources.

   The reactions range from high blood pressure and severe headaches to strokes and death. About 50 cases resulted in cerebral vascular accidents, and in about 15 cases the patients died. Six of the reported fatalities were in the United States." HEW-A20

2. Smith Kline and French Laboratories have sent a notice of withdrawal to all physicians, in a letter dated February 24, 1964. On the same date a letter was mailed to pharmacists and pharmacies informing them not to dispense any more PARNATE.

March 3, 1964

TO: Pharmacies
Wholesalers
Hospital Superintendents

From: F. S. Balassone, Chief
Division of Drug Control

Re: Drug Recall for Relabeling— EUTONYL (pargyline hydrochloride) Abbott Laboratories

1. In a letter to Physicians, Abbott Laboratories has apprised the medical profession of revised sections in a brochure relative to CONTRAINDICATIONS, WARNINGS AND PRECAUTIONS on their drug Eutonyl (pargyline hydrochloride).

2. In a recent letter from the Food and Drug Administration we are advised that the stocks in 22 warehouses and 402 wholesalers is being voluntarily recalled for relabeling. On refurbished stock a symbol will be added to control number. New

stocks of properly labeled Eutonyl are now being shipped to the firm's 22 warehouses.

March 17, 1964

To: Pharmacies
Wholesalers
Hospital Superintendents

From: F. S. Balassone, Chief
Division of Drug Control

Re: Drug Recall of Several Batches of Digoxin 0.25 mgm. Tablets *Richlyn Laboratories, Philadelphia, Pennsylvania*

The above manufacturer is recalling all outstanding stocks of their Digoxin tablets 0.25 mgm. The recall includes the following batches which were manufactured since January 1, 1963.

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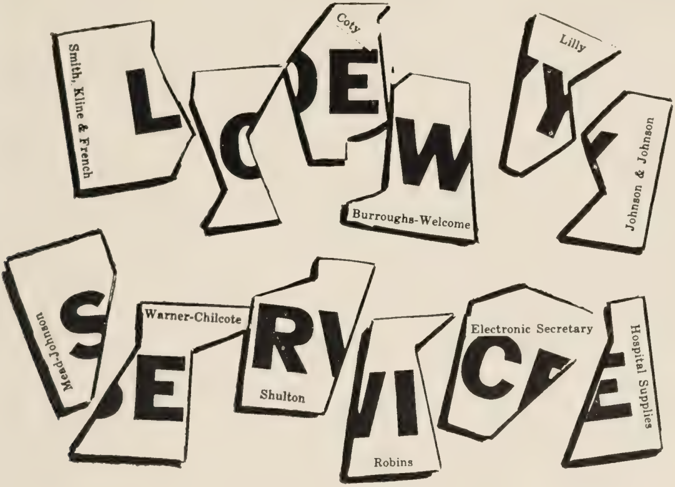
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Contributions . . . . . .

Polyoxyethylene Fatty Alcohol Ethers

By B. F. ALLEN, Ph.D.*

The polyoxyethylene fatty alcohol ethers are a group of nonionic materials formed by the addition of ethylene oxide to a fatty alcohol. These ether complexes of high molecular weight fatty alcohols (cetyl, lauryl, oleyl and stearyl alcohols) were developed for use as emulsifiers and surfactants where stability to high alkalinity or acidity is of prime importance.

These products, especially some of the more recently marketed, are said to be quite effective as solubilizers for perfume-like oils and thickening agents for a variety of formulations. In addition, they give the formulation unique characteristics of emolliency, "slip," and lubricity insofar as skin-feel is concerned.

Two of these materials, polyoxyethylene (4) lauryl ether and polyoxyethylene (23) lauryl ether have been on the market for about ten years. The first compound is commonly known as Brij 30 and the second as Brij 35 (Brij is a registered trademark of Atlas Chemical Industries, Inc. and is pronounced Bridge). A recent report in the literature referred to Brij 30 as polyoxyethylene lauryl ether 30.

Also, it is interesting to note in the pharmaceutical literature that the term polyoxyethylene is often abbreviated as simply POE.

In the above products, one portion of the molecule is hydrophilic or water-loving (oxyethylene groups), and another portion is lipophilic or oil-loving (fatty alcohol). It is this dual nature that enables the product to accomplish its mission of linking water with oils (and similar substances), so that these materials can be mixed.

By combining these raw materials in various ways, it is possible to make numerous types and variations of these products to suit different oil-water conditions. For example, polyoxyethylene (4) lauryl ether and polyoxyethylene (23) lauryl ether are of one chemical type differing only in ethylene oxide content (the number in parentheses indicating units of ethylene oxide added). The product with 4 units of ethylene oxide is a water-white oily liquid which is dispersible in water, while the one with 23 units of ethylene oxide is a white waxy solid and soluble in water.

An ointment base similar to Hydrophilic Ointment (USP) has been formulated in which 4.5 per cent Brij 35 and 3.5 per cent Brij 30 replaced 1 per cent sodium lauryl sulfate. However, in order to use more than 1 per cent of surface-active agent in the formula the amount of stearyl alcohol and white petrolatum was reduced. It was reported that the Brij-containing base lost less water than the official ointment during a 20-day test period. Also, only a small change in the consistency of this base occurred upon storage whereas the Hydrophilic Ointment (USP) showed a considerable increase by comparison. The modified base was compatible with a larger number of the agents used in testing the bases (Examples: 10 per cent aluminum chloride (25%) solution, 20 per cent zinc oxide, and 5 per cent coal tar).

A nonionic surfactant, polyoxyl 40 stearate (5 per cent) was included in the U.S.P. XV Hydrophilic Ointment formula to produce a non-irritating base which was compatible with a wide range of medicaments, including ionic types. However, the Brij 30-Brij 35 blend base, unlike the U.S.P. XV formula, was compatible with strongly alkaline ingredients.

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*Associate Professor of Pharmacy, University of Maryland, School of Pharmacy.

A cell consisting of two Lucite plastic compartments separated by a cellophane membrane was used in a study of the diffusion of sodium salicylate and salicylic acid in various components of a modified form of hydrophilic ointment (Composition: surface-active agent 5, propylene gylcol 12, liquid petrolatum 25, stearyl alcohol 25, preserved water 33) made with three nonionic surface-active agents: Tween 40 (polyoxyethylene sorbitan monopalmitate), Atlas G-7596-J (polyoxyethylene sorbitan monolaurate), or Brij 35.

The study involved media of increasing complexity from simple aqueous solutions to fluid emulsions to semi-solid hydrophilic ointments. All compounds which increased viscosity caused a reduction in the rate of diffusion from that in simple aqueous solution (the largest reduction was due to stearyl alcohol). The effect due to differences in the surface-active agents were slight. It was noted, however, that all preparations containing Brij 35 were somewhat more viscous than those containing the other two emulsifiers and, generally, the rate of diffusion in media containing Brij 35 was slightly lower.

In another investigation, a modified agar-plate method using a radioactive tracer technique was employed to determine the release of medicament from hydrophilic ointment bases. Iodine-131 was selected as the radioisotope primarily because iodine was used in a previous study of medicament release from similar bases. The surfactants (1, 3 and 5 per cent concentration) employed were Atlas G-7596-J, Brij 35 and Ethomid C/15 (ether of fatty amide, Armour).

When the per cent release of medication from each ointment base in the three concentrations was totaled, the surfactant G-7596-J followed by Ethomid C/15 and Brij 35 exhibited maximum release of incorporated medication. Since the surfactant and its concentration were the only variables in the formulation and procedure, the difference in this release of medicament was attributed to the surfactant and its concentration in the ointment base formulation.

The retention of color in aqueous solutions containing certified dyes (0.001 per cent) and nonionic surfactants (1 per cent) was measured after 14 days storage at 48.8°C by a group of researchers. Six dyes and 5 commercially available surfactants (one was Brij 35) were included in the study. In all but 4 of the 30 systems examined, accelerated fading was noted over that obtained with solutions of the dye alone.

Several interesting cosmetics have been formulated which are based to some extent on the properties of these ether surfactants. For example, the composition of a cloudy-type of Cuticle Remover (pH 10-12) is as follows: 8 per cent Brij 30, 2 per cent Brij 35, 5 per cent Sorbo Corbitol Solution, 2 per cent potassium hydroxide, and 83 per cent water.

It has been noted that Brij 35 (1 per cent) is a component in an anti-perspirant cream formula recently developed as part of customer service to the cosmetic manufacturer. Polyoxyethylene lauryl ether (1 per cent) with an average of 23 oxyethylene groups per lauryl group is listed as an ingredient in an aerosol hair waving composition patent.

Similar compounds are marketed by Glyco Chemicals as Glycosperse LA-4 (POE 4 ether of lauryl alcohol), Glycosperse LA-23 (POE 23 ether of lauryl alcohol), Glycosperse TDA-6 (POE 6 ether of tridecyl alcohol), Glycosperse TDA-12 (POE 12 ether of tridecyl alcohol), Glycosperse NP-9 (POE 9 ether of nonyl phenol), and Glycosperse NP-10 (POE 10 ether of nonyl phenol).

The composition of a fingernail treatment base (U.S. Patent) to overcome dry and brittle nails due to a variety of reasons is as follows: 3 per cent quaternary ammonium halide, 1.5 per cent polyoxyethylene ether, 0.5 per cent amine fat soap, and 95 per cent water. This composition is a somewhat oily liquid, and has yielded many surprising results not obvious prior to the combining of the ingredients. It is thought that the combination of polyoxyethylene ether (nonyl phenol plus 10 moles ethylene oxide) and amine soap provides the dramatic effect of retaining fingernail polish on the nails.

Volpo surfactants (Croda, Incorporated) are a line of practically odorless ethoxylated oleyl alcohols which are nonionic and compatible with many anionic, cationic and ester surfactants currently being used in the cosmetic and pharmaceutical industries. These ethers are Volpo 3 (oily liquid), Volpo 10 (white semisolid), and Volpo 20 (waxy solid); the numbers indicating moles of ethylene oxide per mole of oleyl alcohol.

The Volpos (1.5 to 25 per cent concentration) have been suggested in a wide range of cosmetic formulations including the following: *Clear Gel Hair Fixative*—sparkling and may be rinsed from the hair without the use of shampoos; *Dispersible Bath Oil*—provides for a dispersion of the oil on the surface of the water so that the body is coated with it upon arising from the bath; *Deep Staining Lipstick*—solvent for the bromo acid stains; *Shaving Foam Concentrate*—promote razor glide; *Germicidal Skin Cleanser*—solubilizer for hexachlorophene; and *Clear Gel Shampoo*—help combat excessive degreasing of the hair and scalp.

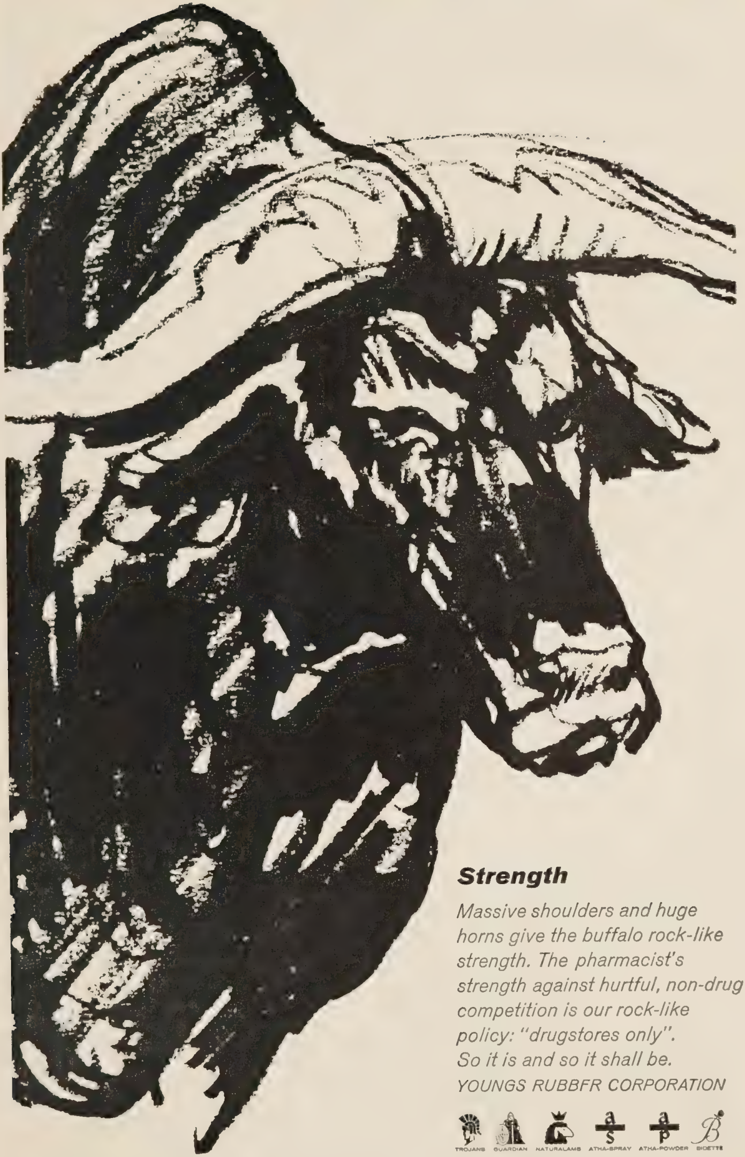
The Brij line of surfactants has been extended to supplement the older lauryl ethers, Brij 30 and Brij 35. The products are 3 cetyl alcohol derivatives (Brij 52, 56, 58), 3 stearyls (Brij 72, 76, 78) and 3 oleyls (Brij 92, 96, 98), each fatty alcohol having been reacted with 2, 10 and 20 moles of ethylene oxide, respectively. A wide enough variety of these ethers are now available as standardized products to obviate the need for special purpose products, since members of this group can be blended with each other for any desired purpose.

Polawax (Croda) suggested in numerous pharmaceutical and cosmetic formulations (concentrations range from 2.5 to 20 per cent) is a preparation of stearyl alcohol and ethylene oxide reaction products, and therefore, resembles many of the materials presented in this article. It has been described as a nonionic self-emulsifying wax and is of especial interest in the making of ointments or creams which have to be autoclaved. Recently, slight changes in the processing of Polawax have been made to produce A-31, the aerosol grade. Later when it was found that low temperature clarity of the finished aerosol was an important consideration, an A-22 grade was produced. These two materials are general foaming agents used to make clear, stable, collapsible foam products.

The rabbit eye test for irritation has been studied on ethers of the fatty alcohols and Brij 30 was deemed by the investigators to merit the designation "irritating." Also, a series of rabbit skin patch tests, as well as a patch test on 200 humans was undertaken. Brij 52 was the only one that gave an untoward reaction. An interesting development was that a parallel was not established between the rabbit patch tests and the human ones.

The polyoxyethylene oleyl ethers are believed to be of a low order of ingestion toxicity. However, it is stated that the formulator should determine the physiological properties of the final product before marketing, because the irrational potential of a drug or cosmetic may be more (or considerably less) than the sum of the toxicities of each ingredient used.

The following are examples of commercial products on the market containing a polyoxyethylene ether (concen-



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[1] Contains: Liposec (POE lauryl ether).

Echoes Concerning The Work Of Dr. Leo B. Lathroum

Reported by B. Olive Cole

Dr. Leo B. Lathroum who received the B. S. degree in 1943 and the M. S. degree in 1948 from the School of Pharmacy, University of Maryland, and who received the Ph. D. degree from the University of New York at Buffalo, has been in Puerto Rico and South America as a pharmacist, teacher and lecturer.

The Fulbright Commission awarded him has been extended from July 1963 to April 30, 1964. During this time he has been commissioned to teach in several institutions.

The first was in the San Marcos University in Lima, Peru. Then at the National University of Trujillo; the National University of San Agustin, School of Medicine at Arequipa, Peru; Faculty of Chemistry and Pharmacy at Montevideo, Uruguay, and the Faculty of Pharmacy in LaPaz, Bolivia.

His wife and two children accompanied him to Lima, and leaving the children with friends in Lima, Leo and his wife Fanny are visiting many cities and ruins during his Fulbright Commission, including Chan-Chan, a city of pre-Incaic culture in Peru; Puno, a city on Lake Titicaca, the highest navigable lake in the world; Cuzeo, where they were impressed with the mammoth granite Macchu Picchu, representing stones of several tons of weight, carefully fitted together in a jig-saw puzzle by the Incas on top of a mountain. The Incas apparently did not have the use of weight-lifting apparatus, nor are they credited with a written language.

They also visited Rio de Janerio, Buenos Aires and Santiago, and had contacts with people associated with the Pan American Federation of Pharmacy and Biochemistry.

Leo stated that his going to Puerto Rico in 1949 at the invitation of Dean Luis Torres Diaz was likely influenced by Rudolfo Escabi, who was a student at the School of Pharmacy, University of Maryland.

He is at present Professor of Pharmaceutical Chemistry and director of the department, and has lectured on pharmaceutical chemistry with emphasis on the biological applications for the Fulbright Commission.

He hopes to visit Maryland at an early date, perhaps this summer.

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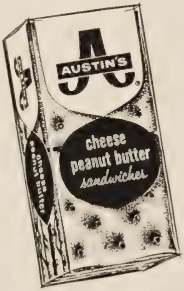

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PRESCRIPTIONS

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The Big Lies*

By DAN RENNICK
Editor of American Druggist

There's a lot of defeatist talk in the drug industry right now. The talk includes the usual bellyaching of pharmacists who find it necessary to work longer hours in order to meet today's competition . . . but it also encompasses some very surprising statements by manufacturers, wholesalers, college deans, and association executives who voice formal assertions from convention platforms.

So that you will know what I mean by defeatist talk, I should like to cite several examples that seem to come up more frequently than most.

Here's the first one:

> Independent druggists are rapidly disappearing from the scene.

Here's another example:

> The public is turning away from independent pharmacies and in favoring other types of outlets that are more efficient.

And here's a third:

> Independent drug stores must eventually give way to the chains—because only the latter are able to get into shopping centers.

One last example:

> The drug store is doomed unless it creates a low price image comparable with that of the discount store.

I feel that the right way to kill off such talk is not with emotional language—but with facts.

What, then, are the facts concerning that first piece of defeatism I read off to you?

You may recall that it went like this:

> Independent druggists are rapidly disappearing from the scene.

This particular piece of punditry probably stems from the fact that many marginal drug stores are passing out of the picture.

Despite the disappearance of such marginal operations, however, the number of independent pharmacies is actually growing. This trend is evident not only on the long range basis but on the short range basis as well.

Government data, supplemented by data regularly assembled by the five companies specializing in drug store lists, clearly shows that, during the 34 years stretching from 1929 to 1962, the number of independent pharmacies increased by 5%.

Compare this with a 22% decline in the number of independent food stores reported by the Dept. of Commerce.

The government's census of distribution for 1948 reveals that this was the year which saw the smallest array of independent pharmacies in history—even lower than the score recorded in the depression year of 1935.

The explanation is simple. During World War II, many pharmacists closed up shop in order to go to war. The reopening of these stores—or even replacement—was not manifest to any extent until 1949.

Since 1949, there have been three other upsurges in the number of independents: One in 1954, another in 1955, and the third in 1962.

In 1962, more pharmacists opened up their own establishments than had done so in almost a decade.

The record shows there were 47,773 independent pharmacies last year—exactly 752 more than were in operation the year before.

These facts are irrefutable. They prove beyond doubt that independent druggists are *not* disappearing from the scene.

Now to the second piece of defeatist talk. This one states:

> The public is turning away from independent pharmacies and is favoring

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*Presented at the Maryland Pharmaceutical Convention, June 25, 1963, as part of panel discussion on "Pharmacy: Facts, Facets and Future."

other types of outlets that are more efficient.

On this one, there are two sets of facts that must be looked at. The first set deals with the matter of comparative efficiency.

In 1929, the average independent drug store took care of 2,000 people. Today, it takes care of 3,000 people. This accomplishment would not be a fact if today's pharmacy were not more efficient than was the drug store of 35 years ago.

Another measure of efficiency is evident in the following:

The sum of all personal spending by the American people is known as "personal consumption expenditures." It represents *everything* that the public spends for food, clothing, and services—in every conceivable type of outlet.

From 1948 to 1962, personal consumption expenditures rose, in total, by 99%. During the same 15-year period, consumption spending just in independent pharmacies increased by 107%.

What is more, while per capita spending went up 57% in the aggregate, in independent drug stores alone, it went up 64%.

As you can see, these basic facts also prove that the public still favors the drug store very decidedly.

But operating efficiency does not necessarily reflect popular approval. For that reason, I wish to present an entirely different set of facts to prove that the public has not turned away from the nation's independent pharmacies:

1. At the NARD convention in 1962, Sterling Drug reported on a consumer study conducted in 50 localities across the U.S. When asked which type of outlet gives the best value for the dollar, 40% of the consumers interviewed ranked the drug store first . . . as against 18% for the supermarket, 30% for the discount house, and 2% for the mail order company.

2. At the 1958 convention of the National Wholesale Druggists Assn., the J. Walter Thompson Company presented the findings of a questionnaire submitted nationwide to 1,000 consumer members of its "family advisory panel." Reported J. Walter Thompson:

"Our panel indicated that 42% have shopped at their present drug store for 10 years or more. The next largest group, 32%, have been customers of their present store for 2 to 5 years. Only 8% have switched within a year. . . ."

The fact cannot be denied: Millions upon millions of consumers are loyal to their neighborhood pharmacies for 10 years or more! Above all others, this fact unmistakably disapproves the loose statement that the public is turning away from independent drug stores.

My next exhibit concerns the following piece of defeatism:

> Independent drug stores must eventually give way to the chains; only the latter are able to get into shopping centers.

There are two statements in this piece of defeatism which must be laid to rest: (1) That the chains will, in time, completely displace the independents. (2) That the failure of the latter to obtain admittance to shopping centers is proof positive of the eventual demise of the independent drug field.

The following facts, assembled by *American Druggist's* research staff, completely refute these statements:

According to a special census conducted for *American Druggist* in mid-1961 by the nation's wholesale drug houses, of the 4,550 drug stores operating in shopping centers at that time, about 3,000 were owned by independent pharmacists. A similar survey in mid-1962 revealed a jump to 3,580 in the number of independents—representing an increase of more than 19% over the mid-1961 figure.

During the same period, the number of chain drug stores operating in shop-

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ping centers increased from 1,550 (in mid-1961) to 1,780 (in mid-1962)—an increase of almost 15%.

These figures clearly show that the independents are at last beginning to make some headway into shopping centers.

True, they're not being given access into the best locations; actually, they're restricted largely to small centers of the so-called neighborhood type. The fact remains, even so, that there are now more than twice as many independent drug stores in shopping centers than there are chain stores.

The effect of this finding on dollar volume is disclosed by the following:

As one might expect from the fact that chain executives are the ones who are generally invited to open up in the best and biggest centers, annual sales of the average chain drug store in a shopping center totalled $501,880 as of mid-1962. Sales of the average independent totalled $338,000.

In total, however, all independent drug stores in shopping centers did a volume of $1,210,000,000 . . . as compared with an aggregate volume of $894,000,000 for all chain drug stores in shopping centers. The collective performance by the independents was thus 35.5% better than the performance by the chains.

This fact alone indicates how senseless is the allegation that the chains will eventually displace the independents.

In this connection, I should like to quote the sentiments often expressed to me by leading chain executives:

"Very few chain stores can compete with a hard-hitting independent. Unlike the average chain store manager, who must wait for instructions from headquarters, the independent can move fast; he can make quick decisions to meet new competitive tactics. Above all else, he is uniquely equipped to establish a personal **rapport** with his customers."

These chain executives are horrified when I tell them that statements are being made that the chains will ultimately wipe out the independents. "It's just not true," they say.

"And if it were true," they continue, "it would be a complete disservice to the public. Along with personal rapport and personal service, the independent's biggest asset is that he offers convenience. For example, few if any chains can afford to locate in the heart of a residential area where customer traffic is at a minimum. But the independents can afford to do just that.

"You can count on it. The independents are definitely here to stay—if for no other reason than that the public wants them."

One other point must be made. Despite the great difficulties experienced by independent druggists in obtaining serious consideration by shopping center developers, the figures I've just cited demonstrate conclusively that, once they're given an opportunity to operate in a shopping center, the independents do one whale of a job!

I think there's just enough time left to lay at rest another bit of defeatist talk. This piece has been thrown around for the last couple of years:

> The drug store is doomed unless it creates a low-price image comparable with that of the discount store.

This type of talk assumes that the public wants low prices more than anything else. The facts that follow clearly show that this isn't so:

1. A survey of Good Housekeeping's consumer panel revealed that, while 20% of the women reporting said that they prefer to buy drugs and toiletries in discount stores, the remaining women—80%—said they were reluctant to frequent such stores because of the unavailability of certain services, such as charge accounts, gift wrapping, delivery, expert counsel.

Where is the pharmacist strongest if not in the matter of expert counsel?

2. In a nationwide series of interviews conducted by Benson & Benson under a grant from Sterling Drug, consumers were asked why they shop at their favorite drug stores. "Convenience," in one form or another, was the answer given by 55% of the consumers—while only 15% mentioned "price."

3. Professors A. W. Jowdy and E. M. Smith of the U. of North Carolina College of Pharmacy surveyed 600 customers in a Southern city as to why they go to a particular store. "Convenience" was cited by 58% of the customers; "low prices" was cited by only 4%.

4. **Life** magazine queried 874 housewives on the same question. "Convenient location" was checked off by 36%; "price" by 10%.

5. Burgoyne Grocery & Drug Index, of Cincinnati. surveyed 320 consumers in a midwestern city. Exactly 43.8% declared that "convenient location" was their chief motive for patronizing a particular pharmacy. Only 10.6% voted in favor of "low prices."

Note that every section of the country is covered by these different studies: that the views expressed reflect virtually all types of consumers.

But do consumers really act as they say they do? My next exhibits answer this question in unmistakable fashion.

The government's annual statistical report entitled, "Personal Consumption Expenditures, by Type of Product," is highly illuminating. When the 1961 report is compared with the one for 1951, we see the following:

* Total spending for durable commodities (cars, washing machines, etc.) showed an increase of 48%.

* Total spending for non-durable commodities (food, clothing) showed an increase of 41%.

* But on services of all kinds, total spending jumped 98%.

The public's hankering for services has grown to such an extent, in fact, that the average American now spends 41c out of every dollar for services, compared with the 34c he spent in 1951.

The government's impartial statistics prove conclusively that the public does not want services eliminated. This means that, in the main, the very foundation of discounting — low prices achieved by the elimination of services —is not altogether in line with the public's basic wishes.

My final exhibit offers a compelling piece of evidence which directly compares the discount house with the drug store.

American Druggist data discloses the findings that the average shopping center drug store does 51% more Rx business than does the discount store which maintains a prescription department—despite the fact that the latter seems to offer Rxs at lower prices.

This finding gives rise to a tremendously significant comparison. Chief characteristic of the discount house is that it features low prices. Chief characteristic of the shopping center store is that it operates with a big parking lot.

In light of these prescription figures, it's highly likely that, when it comes to building Rx volume, the convenience of parking is much more important than the lure of price discounts.

My remarks need a summing up.

Defeatist talk is disturbing, of course. But it could also prove to be catastrophic if anyone—whether marketing executive or drug store operator—were to act on what he heard without first checking into the facts.

Whether the defeatist talk I've cited to you is thoughtless or malicious, I can't say. The repetitiveness of some of it possibly indicates malice. But who? And why?

In any event, if the defeatist talk is permitted to continue unchecked, it could scare a lot of pharmacists into quitting cold—and it might persuade too many marketing chiefs that the drug field is not what it's cracked up to be.

Now you and I know that Pharmacy has a great future ahead of it. We know it in our hearts.

Unfortunately, however, there are too many others who don't have the convictions we have.

I think we owe it to the industry and to the profession from which we all make our living to do our level best to demonstrate that such fears are completely unfounded; that the defeatist talk that's being stirred up is a pack of lies; and that Pharmacy is here to stay.

To help you do this kind of job, I urge you to use the irrefutable facts I've presented here today.

DAN RENNICK

Dan Rennick, long-time editor of American Druggist, has concentrated on the drug publishing field since 1927. His editorial apprenticeship consisted of a year on a New York newspaper followed by four years as managing editor and editor of magazines in the men's apparel and department store needs.

Noted as an analyst of drug field retailing in its many aspects, Dan Rennick has conducted or supervised a multitude of basic studies, including surveys of prescription trends, prescription prices, drug stores in shopping centers, drive-in drug stores, the effects of discounting on the drug field, and drug store sales by departments and by the square foot.

Among the many concepts he devised or engineered for the drug field—many of which contributed literally millions upon millions of dollars to the nation's pharmacists—are the following: He devised the very first vitamin departments ever seen in the United States; he established the need for special animal health departments in rural drug stores —and worked out the techniques for the successful operation of such departments.

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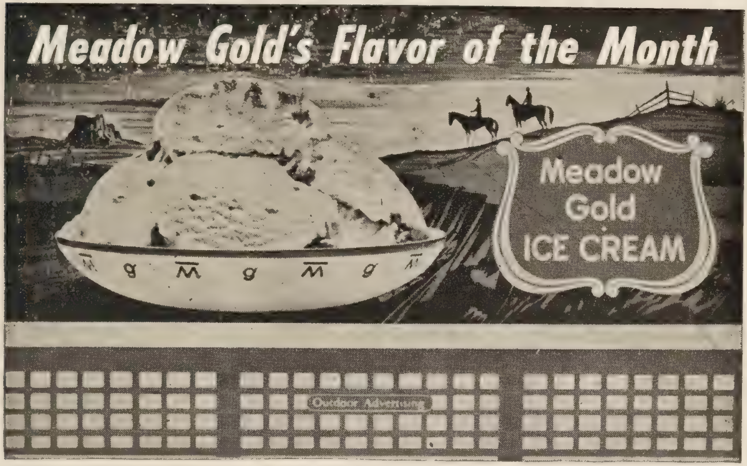
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*Post-Humously

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Volume 22 MARCH, 1964 No. 5

TAMPA News

The Annual TAMPA meeting honoring past presidents was held Saturday, March 7th at the Brentwood Inn.

The speaker of the day was Mr. Harold Ferguson of the Vanderbilt Sagamore Farm in Worthington Valley. He delivered a most fascinating talk on the breeding of horses.

Carl J. Schmid, President, Julius Schmid, Inc., New York, manufacturer of products for conception control, today announced two staff advancements: Joseph Kreisberg has been appointed Vice President - Marketing, and Samuel A. Baker has been appointed Sales Manager - Field Operations.

Roy Peterson, a salesman with The Henry B. Gilpin Company, Baltimore Division for 16 years, won a Dauphine automobile for an outstanding job in the "Bonanza Promotion" of Glenbrook Laboratornes.

Youngs Rubber Corporation has announced the promotion of Martin L. Goodman to the position of National Assistant Sales Manager.

He served as Divisional Sales Manager in Chicago for more than 3 years. Prior to that he served as a direct sales manager in Chicago, Washington, D.C. and Kansas City, Missouri. He started as a salesman in Los Angeles, California, May, 1949.

CONVENTION NEWS

TAMPA will present a wonderful night of entertainment on Tuesday evening, June 30th, at the 82nd Annual Convention of the Maryland Pharmaceutical Association. The site is the luxurious Shelburne Hotel in Atlantic City, New Jersey.

All members of TAMPA are urged to contact Al Callahan, Entertainment Chairman, or President John Cornmesser to participate in the show or help back stage.

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PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

This season of the year has been a most active one for all of us in Pharmacy both on local and state association levels.

It was my privilege to serve as Chairman of the Robert L. Swain Pharmacy Seminar. I was pleased to see a number of pharmacists from the Baltimore area present, but the many who were absent missed out on the annual opportunity to spend a day in refresher education. I hope next year a much larger representation of pharmacists from all areas will spend a rewarding day with experts in many health fields.

The first Congress of Medicine and Pharmacy was held and B.M.P.A. was ably represented by past president and Executive Committee Chairman Aaron M. Libowitz. This Congress was a first and was an important step in increasing understanding between the two professions.

The Annual Banquet and Dance of the B.M.P.A. proved to be outstanding success. It was the first time at Blue Crest North and Chairman Chodnicki and Coordinator Goldstein arranged a most enjoyable and profitable affair.

All our various committees are busy at work on the scheduled projects for the year and I can assure you that the B.M.P.A. will always have the interests of our membership foremost in mind, whether it is Legislative, Drug and Gift Show or any of the other important committees.

IRVING L. COHEN
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NEWS ITEMS . . . . . .

B.M.P.A. News

The 48th Annual Banquet and Dance was held for the first time at Blue Crest North in Pikesville on March 19th. The affair, under Chairman Marion R. Chodnicki and Coordinator Sam A. Goldstein, was an outstanding success.

There were many innovations including a cocktail party with hors d'oeuvres preceding the Banquet.

Mr. Solomon Liss, former member of the Baltimore City Council and now advisor to the Mayor for metropolitan affairs, served as toastmaster. The guest speaker was Mayor Theodore R. McKeldin of Baltimore.

President Cohen delivered an acceptance speech which emphasized the necessity for supporting both local and state associations in order to advance the interests of Pharmacy in the face of many destructive forces. He thanked the many manufacturers, wholesalers and their representatives whose support made the affair a social and financial success. He pledged that the Public Information and advertising programs would continue with the support of every one connected with Pharmacy.

Dancing was furnished by Sid Cowan and his Orchestra. There were many valuable door prizes awarded.

Notice

C. Murray Allen of Cumberland was appointed to the Executive Committee of the Maryland Pharmaceutical Association to replace Robert J. Martin of La Vale who has resigned.

Public Relation Activities

Charles E. Spigelmire, Chairman M.P.A. Public Relations Committee and B.M.P.A. Publicity Committee, reports that a supply of pamphlets on health subjects is available at the Association office. Some of the subjects are: epilepsy, cancer, accident prevention, rat control, tuberlucosis.

On the M.P.A. radio program "Your Best Neighbor," Chairman Spigelmire broadcasts, sometimes with guests, Sundays at 10:30 P.M. on WCAO. This continues throughout the year to bring to the public's attention the pharmacist's role on the health team of the community.

The following have appeared in unrehearsed discussion programs over WCBM to answer questions regarding Pharmacy and to emphasize the indispensable functions of pharmacists: Victor H. Morgenroth, Jr., Chairman M.P.A. Executive Committee and past president M.P.A. and B.M.P.A. Aaron M. Libowitz, Chairman B.M.P.A. Executive Committee and past president B.M.P.A.; and Nathan I. Gruz, Executive Secretary M.P.A. and B.M.P.A. Programs were conducted by Charles Roeder, Art Lane and staff members.

Radio station WITH continues its cooperative program with the Baltimore Metropolitan Pharmaceutical Association, providing twelve news broadcasts, thirty 5-minute spot announcements and two 15-minute shows weekly.

POISON PREVENTION WEEK

Chairman Spigelmire announced that proclamations were issued by Governor J. Millard Tawes and Mayor Theodore R. McKeldin of Baltimore. The M.P.A. mailed Poison Prevention Week streamers to every pharmacy for display in their windows. In addition, Morris L. Cooper and Milton A. Friedman designed a window display kit on the Poison Prevention theme. 50 pharmacists orderd these window display kits. Information cards on locations and phone numbers of Poison Control Centers were provided. Messages on this theme were broadcast on radio and television programs.

Prince Georges-Montgomery County Pharmaceutical Association News

The meeting of March 10th was held at the new regional distribution center of E. R. Squibb and Sons in Cheverly, Maryland. Mr. Joe R. Watkins, National Manager of Customer Relations for Squibb, presented a talk entitled "Pharmadising Builds Prestige and Profit." Mr. Watkins is a registered pharmacist and participated in a panel discussion on "Patterns of Prescription Drug Distribution" at the 1963 Convention of the Maryland Pharmaceutical Association.

Nominations and elections for officers were held. The following were elected to serve for 1964-65:

President — Gerald Y. Dechter
First Vice President — Richard D. Parker
Second Vice President — Saul Greenberg
Third Vice President — Gabriel E. Katz
Fourth Vice President — Norman Stein
Secretary — Paul Reznek
Treasurer — Richard Baylis

Executive Committee:

The following have unexpired terms:
Two years — W. L. Brunnett, J. A. I. Parker, Paul Fenton, Jr.
One year — A. W. Braden, Herman Taetle, N. W. Chandler
For Election to a 3 year term:
Samuel Morris, Paul Bergeron, Melvin Chaiet
Chairman of the Executive Committee: By Constitutional directive as immediate past president: D. J. Vicino

The evening included a guided tour of the Squibb Building.

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6. **Double the insurance** — $20,000 — is paid if you die by accidental means.
7. Settlement options permit integrating the policy with other life insurance.
8. Ownership is transferable, which may have tax advantage.
9. **No restrictions** in policy if you enter military service or take up flying. Exceptions: Suicide in 2 years. Disability and accidental death benefits do not apply while in the military service of any country at war.
10. Flexible, guaranteed options for transferring term insurance to a permanent plan. Premium rates are low—beginning at $25.50 semi-annually. Dividends increase your coverage an additional amount up to $4,000.

The insurance is issued by The Minnesota Mutual Life Insurance Company, an old line legal reserve company, which has more than $3 billion of life insurance in force.

Contact the Association office for an application form—650 W. Lombard Street, Baltimore, Md. 21201 — SA 7-0746. You may send the first premium with the application or be billed for it later.

Research In Anesthetics

An anesthetic developed recently at the University of Maryland School of Medicine has been described by one of the nation's leading anesthesiologists as the only drug of its kind not capable of producing liver damage.

Reporting his findings in the SURVEY OF ANESTHESIOLOGY, Dr. L. E. Morris, professor of anesthesiology at the University of Washington School of Medicine, stated that lack of liver damage following Fluoromar is a significant result of his recent study of postoperative liver function in patients anesthetized with fluorinated agents.

Dr. John C. Krantz, Jr., member of the Maryland Pharmaceutical Association, and his associates in the University of Maryland medical school's department of pharmacology developed the first fluorinated anesthetic and named it Fluoromar—the "mar" for Maryland. In a search for ways to improve upon ether as an anesthetic they substituted fluorine in the ether molecule and found that they had produced an anesthetic more potent than ether and far safer because it eliminates the hazards of fire and explosion.

Other fluorinated anesthetics followed, including the widely used halothane. Since 1953, when Dr. Krantz first demonstrated the properties of Fluoromar in man by anesthetizing his friend and former student Dr. Max Sadove of the University of Illinois, it is estimated that about 12 million operations have been performed with the aid of the fluorinated anesthetics.

During this decade, all such anesthetics have been under constant study for undesirable side effects. Dr. Morris's paper summarized previous studies in his exoneration of Fluoromar.

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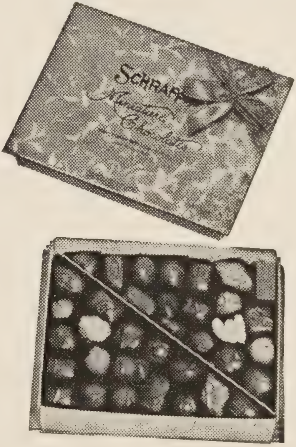
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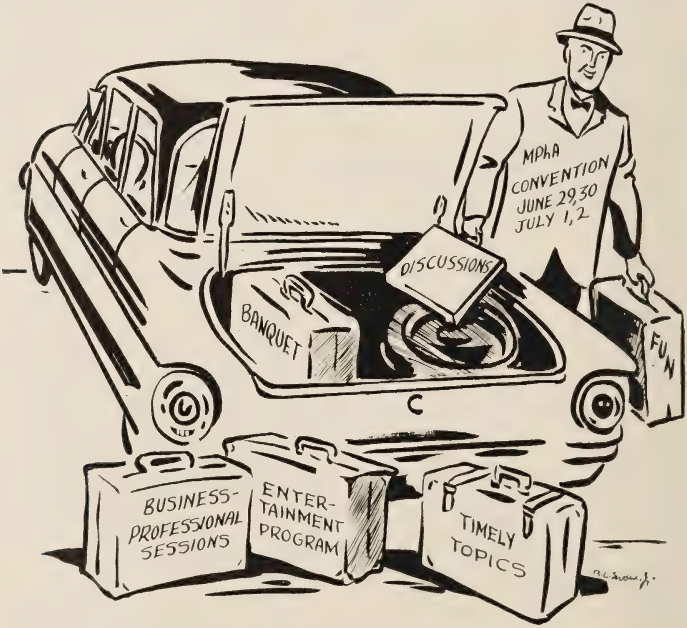
News

Emil P. Martini, Jr., President of Bergen Drug Company, whose Drug Service, Inc., subsidiary recently acquired Welton Laboratories, Inc. and Claude S. Welton, Executive Vice President of Burrough Bros. Pharmaceuticals, Inc. of Baltimore, Maryland, jointly announced a long term licensing agreement whereby Burrough will be exclusive manufacturers of Welton family health aids.

Bergen Drug Company, who recently became publicly owned, as service wholesale druggists are major suppliers to retail pharmacies in New Jersey, New York and Connecticut, will continue to distribute Welton products in those areas. Founded in 1863, Burrough manufactures and distributes pharmaceuticals nationally through service wholesale druggists.

Plans are being formulated whereby both Bergen and Burrough will expand Welton health aid sales. These plans include trade and consumer advertising, clerk training, PM's, and in store displays. As a matter of stated policy, Welton products will continue to be made available only to retail pharmacies, exclusively, through service wholesale druggists. In addition to Welton family health aids, Burrough will also offer their pharmaceutical products through Bergen's divisions.

Leo Katz, formerly with Welton Laboratories, has joined Burrough Bros. as Regional Sales Manager. He will be responsible for all sales and promotional activities in Burrough's eastern and central areas.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M.P.A. DUES

Membership dues in the Maryland Pharmaceutical Association have been set as follows by the Executive Committee for the year 1964:

ACTIVE:	Licensed pharmacist		$25.00
	Retired Pharmacist over 65 years	$10.00	
	Graduate Student	$10.00	
	New registrants for one year	$10.00	
AFFILIATE:	Non-pharmacist proprietors, manager or executive		$25.00
ASSOCIATE:	Non-pharmacist employee or representative		$10.00

Please note the lower dues for retired pharmacists over 65 years; graduate students and new registrants.

All members are urged to enroll as members those pharmacists associated with them, pharmacist employees as well as those who are affiliated as owners, executives or employees of firms dealing with pharmacists.

IMPORTANT

Are **you** a member? If you are, have **you** enrolled a member lately?

Use the application form below to apply or enroll a member.

HERE IS MY APPLICATION . . .

Approving of its objectives, I hereby apply for membership in the

MARYLAND PHARMACEUTICAL ASSOCIATION

Name in full

(Miss; Mrs.; Mr.; Dr.) ....

Address ....

Graduate of .... (College)—Year .... Degree(s) ....

Pharmacy, Firm or Institution ....

Title or Position .... Phone ....

Licensed as pharmacist in (State) .... Year ....

Member: A.Ph.A. .... N.A.R.D. .... Local, etc. (name) ....

*Fill in all blanks.

Signature ....

REFERENCE (Member's name) ....

**Mail check with application.

George Provost Named Director ASHP Dept. of Professional Practice

George P. Provost has been named Director, Department of Professional Practice of the American Society of Hospital Pharmacists. On announcing the promotion of Mr. Provost to head this new Department, ASHP Executive Secretary Joseph A. Oddis said: "The Director of the Department, along with the Chairman of the Council on Professional Practice, will have overall responsibility for planning the work of the Council and its Committees, which now include the Committees on: Drug Distribution Systems in Hospitals, Pharmaceutical Service in Nursing Homes, Radiopharmaceuticals, and Safety Practices and Procedures, as well as any additional Committees established to carry out work in the area of professional practice. The Chairman of the Council on Professional Practice will be appointed from elected Board members by the ASHP President, and Mr. Provost, as Director of the Department, will serve as Secretary of the Council and its individual Committees."

Mr. Provost will continue to be closely associated with the *American Hospital Formulary Service* and will also serve as an Assistant Director of the Department of Scientific Services and Associate Editor of the Formulary Service. In this capacity, he has made significant contributions to the Society, first while serving as a pharmacist at the University of Arkansas Hospital, Little Rock, and, since August, 1961, as a member of the Society staff in Washington.

A graduate of the Massachusetts College of Pharmacy, Boston, Mr. Provost has pursued graduate work in biochemistry at the University of Arkansas. He was in the military service prior to holding positions as pharmacist at the New England Medical Center, Boston, at Mercy Hospital, Watertown, New York, and at the University of Arkansas, Little Rock.

PLAN NOW TO ATTEND

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82nd ANNUAL CONVENTION

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Medical Care Regulations

Baltimore City Medical Care Section: With regard to personal number on Medical Care Prescriptions, your payment will be facilitated by verifying the **Proper personal number** of the patient. This number should be verified not only for its correctness, but most of all for its legibility. Payment for many medical care prescriptions are held up because of illegibility of personal numbers. Check the personal number with the patient's medical care card.

Purchases From Wholesaler: With regard to purchases of pharmaceutical items from the wholesaler, may we again call your attention to the letter of the Baltimore City Health Department dated February 28, 1963. Following is an example of the certificate required on the reverse side of the medical care prescriptions. **No Rubber Stamp.**

"I certify that this item was purchased from ....wholesaler because of the following ....

Signature of Pharmacist"

Signing such a certificate will be the only justification for payment.

The County Medical Care Program—Charges Allowed: The wholesale cost of ingredients, plus a pharmacist's fee, **Wholesale Cost of Ingredients** is the wholesale cost as listed in a current standard price catalogue. If the medication is bought through a wholesaler, the pharmacist must indicate same on reverse side of prescription blank and sign it (pharmacist's signature) and be prepared to substantiate this with a copy of invoice if called upon.

Medical Supplies: Payment will be made for the following medical supplies when ordered by the physician on Form MS-6.

Adhesive Tape, Catheters, Cotton, Elastic Bandages, Enema Bags, Gauze, Hypodermic Needles, Invalid Rings, Nazal Atomizers, Sacro-Iliac Belts, Syringes, Vaseline.

Medical Supplies will be paid at the current minimum retail fair trade price, as published by the manufacturer. Medical supplies that retail for more than $5.00 must be pre-authorized, even those listed above.

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No Payment Items: The County Medical Care Program will not make payment for the following items:

Drugs in the experimental stage.

Drugs sundries, such as baby oil, baby powder, kleenex, etc.

Food and Food Products, including such items as baby formulas, milk, Somagen, Sustagen, etc.

Hadacol, Melozets, Non-medicated soaps and cosmetics, Pregnenolone, Spiritus Frumenti, Sucaryl.

Antibiotics: Limitation of antibiotics to a maximum supply for four days or one prescription. Additional prescriptions may be written if deemed necessary by the physician, but **No Refills.** Exceptions can be handled on the same basis as with other preauthorized drugs.

Next month we will publish the County Medical Care Programs Pre-authorized items and Pre-authorization Procedure.

LIFE INSURANCE PLAN AVAILABLE TO MEMBERS

A low cost life insurance plan is now available to members of the Maryland Pharmaceutical Association.

For further information contact the Association office, 650 W. Lombard Street, Baltimore 21201, or Call SA 7-0746.

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News

Milton L. Elsberg, president of Drug Fair, has been named "Man of the Year" for 1964 by the Brotherhood of the Washington Hebrew Congregation. He was honored at a dinner at the Shoreham Hotel on March 11th.

I. Earl Kerpelman of Salisbury, member of the Executive Committee of the Maryland Pharmaceutical Association, was elected state secretary of the newly organized Maryland State - District of Columbia Exchange Clubs. The organization was finalized in Baltimore Saturday.

The state organization includes 13 clubs in Maryland and the District of Columbia.

Mr. Kerpelman is a past president of the Salisbury Exchange Club and is active in many civic and charitable events. He is a member of the Masons, past secretary of the Eastern Shore Shrine Club, member of the Board of Governors of the Beth Israel Congregation and a member of the City of Salisbury's City Manager Study Commission.

Mr. Kerpelman also serves as 2nd Vice President of the Eastern Shore Pharmaceutical Society.

Book Review

"MIRROR TO HOSPITAL PHARMACY"

The American Society of Hospital Pharmacists has published **Mirror to Hospital Pharmacy.** This publication culminuates the most comprehensive study of hospital pharmacy ever undertaken.

The statistical data in **Mirror of Hospital Pharmacy** is derived from responses to a series of professionally designed questionnaires sent to an extremely large sample size. **All hospitals** over 100 bed capacity (with pharmacies) were surveyed and over 80 percent of these replied; an equaly impressive number of hospitals under 100 bed capacity (without pharmacies) responded. Thus, the study is truly representative of all hospitals in the United States.

Subject matter varies from purchasing records to drug therapy consultation, from outpatient prescriptions to formularies (see enclosed brochure). **Mirror to Hospital Pharmacy** is a comprehensive discourse on contemporary hospital pharmacy and a prologue to the future.

The conclusions, recommendations, and implications of this study will affect every facet of hospital pharmacy practice for the next fifty years **and may very well alter the image and historic course of the whole profession of Pharmacy.**

Mirror to Hospital Pharmacy is available now at a pre-publication price of $10.00.

—OBITUARIES—

JULES SMIRNOFF

Jules Smirnoff, Marketing Director of Youngs Rubber Corporation, died March 21, 1964. He was a native of New Haven who couldn't resist the lure of the "Big City." He became associated with

Youngs Rubber Corporation at the age of 22, and during his 34 years of employment touched every rung of the promotional ladder: Salesman, District Sales Manager, Divisional Sales Manager, Assistant National Sales Manager, Sales Manager, and finally, the top rung of Marketing Director.

Mr. Smirnoff is remembered as a friend of Pharmacy and host to convention goers at the Youngs Hospitality Room.

Roy B. Schlosser, 69, of Westminster, died March 6th at Perry Point Veterans Hospital. He was a retired pharmacist of the Baltimore-Catonsville area and a member of the American Legion. Survivors are his father, a sister and several nieces and nephews.

Samuel Gordon, 58, died March 14th at Sinai Hospital after a long illness. He operated a pharmacy at Edmondson Ave. and Callaham St. for 28 years until his retirement in December 1962.

Dr. Gordon was a member of the Maryland Pharmaceutical Association and Baltimore Metropolitan Pharmaceutical Association.

A native of Germany, he came to this country at the age of 17, and attended Baltimore City College evening courses before graduating from the University of Maryland School of Pharmacy in 1932.

He was a member of the Beth Jacob Congregation.

Surviving are his wife, Mrs. Lena Goldstein Gordon; his father, the Rev. Berkow Gordon; a son, Robert M. Gordon; a daughter, Mrs. Bernice Schumer; four brothers, one sister and four grandchildren.

Mrs. Dorothy Schmalzer Ensor, former faculty member of the University of Maryland School of Medicine, died March 27th.

Mrs. Ensor, wife of Dr. Bennett S. Ensor, Baltimore dentist, died following an illness of several months.

She served at the medical school until 1941, teaching chemistry courses for student nurses, supervising a laboratory for medical students, and acting as secretary to the school's committee on admissions.

Active for many years in the affairs of Govans Methodist Church, Mrs. Ensor was head of the primary department of the church's Sunday school and was a member of the missionary society and Women's Society of Christian Service.

Surviving, besides her husband, are two brothers, Carroll and William Schmalzer, and a sister, Mrs. William Wise.

Walter H. Robeck, 80, retired pharmacist at the U. S. Naval Academy, died March 24th at Bucks County Hospital, Bucks County, Pa.

Dr. Andrew F. Ludwig, who operated a pharmacy at Poplar Grove Street and Edmondson Avenue for 35 years, died March 17th at his home in the 100 block Rosewood Avenue in Catonsville. He was 83.

Dr. Ludwig, who retired in 1956, had been ill since last July.

Born in Baltimore, he was a 1901 graduate of the Maryland College of Pharmacy, now the University of Maryland, School of Pharmacy, and served as president of the Maryland Pharmaceutical Association in 1934.

He was a member of the Maryland Pharmaceutical Association, the Baltimore Veteran Druggists Association, the Baltimore Metropolitan Pharmaceutical Association and the Wedgewood Club.

Surviving are a daughter, Miss Dorothy H. Ludwig of Baltimore, and two sisters, Mrs. Mary A. Schwetizer of Baltimore, and Mrs. Teresa Malthan of Orlando, Florida.

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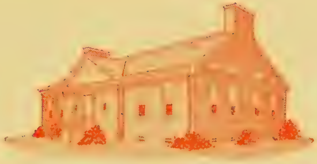
THE MARYLAND PHARMACIST



"Hospital Pharmacy and Community Pharmacy– Problems or Progress?"

by

Milton W. Skolaut and Milton Kahn

(*Pages* 476 *to* 485)

VOLUME XXXIX - NO. 7 APRIL 1964

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXIX **APRIL, 1964** **No. 7**

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Editorial . . . . . .

Pharmacy's Image

There are many pharmacists who believe that Pharmacy's problems can be easily solved by the magic formula of creating a better public "image". This line of reasoning asserts that a better or larger public relations program will create the desired "image".

There is no doubt that a person, a group, or a corporation can do a great deal through public relations techniques in influencing the attitudes of the public or of other groups toward its image. But unless the new image is based upon facts—upon reality—the image will not hold up to the viewer's actual experience with what the image is supposed to reflect.

Pharmacists say that the survival of the profession depends upon such issues as the ownership of pharmacies by pharmacists, the distribution of drugs and proprietaries solely by pharmacists, and recognition of the professional services of the pharmacist to the community's health (with an accompanying equitable compensation or fee for his services).

All these goals which pharmacists have agreed on since the establishment of the profession *are* possible of realization. But they are possible only if pharmacists impress the general public, which includes legislators, that pharmacists, in a united manner, place Pharmacy first.

Words will not convince anyone.

Words and hopes will not create a solid, lasting image.

A desirable Pharmacy image created by the *appearance of pharmacies and their pharmacists* and by the *actions of pharmacists* is the foundation upon which Pharmacy's goals can be achieved.

When pharmacists are willing to *demonstrate*—not just say—that professional pharmacy services are foremost in the activities of the pharmacist and dominate the amount of space allotted in the establishment licensed as a "pharmacy", the desired image will speak for itself.

Thought should be given to the location and method of displaying proprietary or patent medicines, particularly those with *cautions* on the label.

> Some examples are: a "cold tablet" —"If drowsiness occurs, do not drive an auto"; a burn ointment—"Certain persons, due to idiosyncrosy, are sensitive to this ointment and may develop a rash"; an antibiotic ointment—"If irritation or infection develops, discontinue use and consult your physician".

Even more crucial than location or display factors is the nature and extent of professional service pharmacists are willing to voluntarily offer the public today—and henceforth—in their everyday transactions involving non-prescription medication. What kind of personal professional counseling and responsibilities are pharmacists willing to assume?

Obviously even without compulsory legislation, pharmacists can exercise professional functions based upon their education, training and ethical mandates.

When pharmacists *demonstrate* that they are willingly and voluntarily assuming professional responsibilities in the distribution of proprietaries to the public, people will experience the difference in health protection received by obtaining their health needs from professionally qualified persons—pharmacists.

Thus the general public will have a valid basis in their experience and in their own health self-interest to prefer and demand professional control of all potent medication.

Our public relations programs on behalf of Pharmacy will be continued and expanded, but without the supporting *reality* in the pharmacies of our nation progress in creating the image we desire and success in achieving our objectives will be slow and painful.

Our legislative programs to obtain our legitimate objectives on behalf of the profession and in the interest of public health will, of course, continue to be projected with vigor and persistence by the Maryland Pharmaceutical Association. While these Association activities proceed—supported by an ever-increasing number of pharmacists who acknowledge that committment to a state professional organization is essential—all pharmacists must evaluate their *activities* and their *pharmacies* to assure that they are contributing to the *reality* that produces the *"image"* essential to the advancement of Pharmacy.

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President's Message . . . . . .

Dear Fellow Members:

I am pleased that during the past year we have been able to complete the establishment of local pharmaceutical organizations in all parts of the state. The last area consisted of Frederick, Washington and Carroll Counties, which formed the Tri-County Pharmaceutical Association.

There are many programs which require grass roots organization and contacts. When it comes to legislation, National Pharmacy Week, Diabetes Detection, Poison Prevention, Medical Care and many other activities, we will be able to have wide-spread and more complete participation in all parts of the state.

Local groups working with the Maryland Pharmaceutical Association can accomplish a great deal for the pharmacists of Maryland. The M.P.A. in turn can furnish legal counsel, information, guidance and represent all pharmacists before other state professional groups and government bodies. Both federal and state agencies, as well as community groups, constantly call upon the M.P.A. as the liaison for Pharmacy in Maryland. The pharmaceutical industry is in frequent contact with the Association office on matters of mutual interest.

The Maryland Pharmaceutical Association is the recognized representative body of pharmacists in the state. Its recommendations for the State Board of Pharmacy is part of the Pharmacy Law.

The national pharmaceutical organizations, the A.Ph.A., N.A.R.D., wholesalers, manufacturers, Board of Pharmacy and colleges of pharmacy, have found that working with the Maryland Pharmaceutical Association has been the most effective practice on all matters affecting pharmacy in Maryland.

I hope the relations between all pharmaceutical groups in Maryland will always be harmonious. If any problems arise they should be brought to the attention of our Executive Committee directly or by the representatives of the area involved.

Where there is good will I know we can work together for our comomn goals—and all of us, as well as the profession of Pharmacy, will benefit.

Sincerely,

WILLIAM A. COOLEY
President

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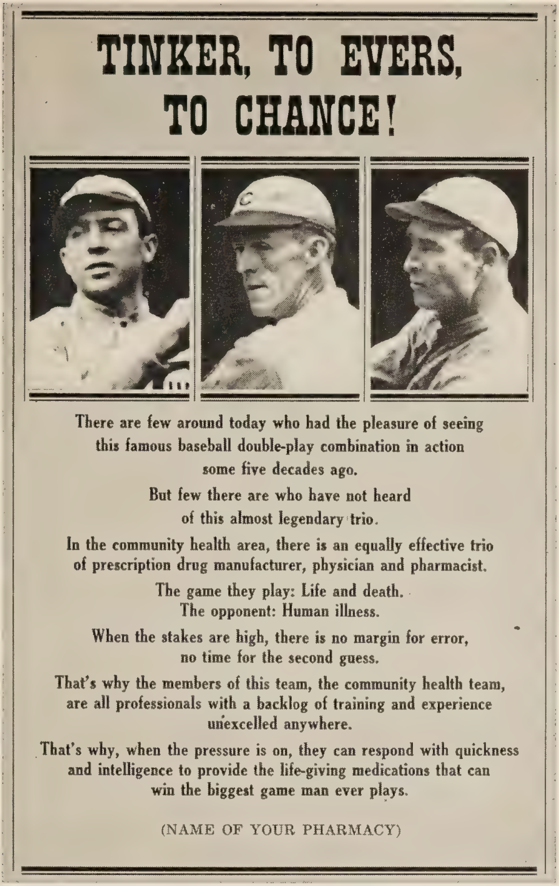

TINKER, TO EVERS, TO CHANCE!

There are few around today who had the pleasure of seeing this famous baseball double-play combination in action some five decades ago.

But few there are who have not heard of this almost legendary trio.

In the community health area, there is an equally effective trio of prescription drug manufacturer, physician and pharmacist.

The game they play: Life and death.
The opponent: Human illness.

When the stakes are high, there is no margin for error, no time for the second guess.

That's why the members of this team, the community health team, are all professionals with a backlog of training and experience unexcelled anywhere.

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Secretary's Script . . .

A Message from the Executive Secretary

Continuing Education

One of the hallmarks that differentiates a *profession* from an ordinary calling is the committment of its members to life-long *continuing education.*

The Maryland Pharmaceutical Association has recognized this requirement and therefore considered it an obligation to the practitioners of pharmacy in this state to provide for such programs.

The first step was the establishment of the Robert L. Swain Professional Pharmacy Seminar. In 1962 the Simon Solomon Pharmacy Economics Seminar was inaugurated.

These are minimal programs for pharmacists. These programs are only the beginning. Thought must be given to making formal courses available to those who wish to maintain their professional and managerial competency.

The changes in medical practice and therapeutics are extremely rapid and continuous. The pharmaceuticals that pharmacists are expected to be expert in are radically different from those just a few years or a few months ago. The effects of developments in governmental programs and changing socio-economic factors are being felt more and more in the practice of pharmacy.

We must all look ahead and we must all prepare to meet the challenges in pharmacy in both the near and distant future.

Effective continuation studies must be made available to those willing to make the necessary effort. Some programs will have to be offered in each geographic area. Working together with dedicated pharmaceutical educators of the University of Maryland School of Pharmacy, I am sure the Maryland Pharmaceutical Association will be able to meet its responsibilities to the profession of pharmacy in Maryland.

Sincerely,

Nathan I Gruz

Executive Secretary

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Of course, all this is a familiar story to you. You have seen so many people helped — and their long-suffering families and friends helped, too — by modern drug discoveries like VISTARIL (hydroxyzine) that relax tension, reduce anxiety, and permit a more tranquil reaction. Are your customers aware of the way drug research responds to the demands of modern life?

Side Effects: Drowsiness, usually transitory and correctable by dosage reduction, may occur. Dryness of mouth may be seen with higher doses. Involuntary motor activity has been reported in some hospitalized patients on high dosage.

Precautions: Vistaril (hydroxyzine) may potentiate the action of central nervous system depressants, anticoagulants, narcotics such as meperidine, and barbiturates. In conjunctive use, dosage for these drugs should be decreased. Patients receiving anticoagulants should be followed closely, and appropriate laboratory studies performed regularly. The usual precautions for intramuscular injection should be followed with the parenteral form. Intravenous injection should not exceed a rate of 1 cc. per minute or 100 mg. per dose. As with other injectables, soft-tissue reactions have been rarely reported, and are usually associated with faulty technique.

Formulas: Vistaril (hydroxyzine pamoate) Capsules: 25 mg., 50 mg., 100 mg.; Vistaril (hydroxyzine pamoate) Oral Suspension: 25 mg. per 5 cc.; Vistaril (hydroxyzine HCl) Parenteral Solution: 25 mg. and 50 mg. per cc.

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Board of Pharmacy Notice

E. R. Squibb & Sons announced the voluntary recall of packages of Theragram M Tablets with the following control numbers:

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100's	3B82954
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180's	3C83149
1000's	3B83149
1000's	3B85959

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BUREAU OF NARCOTICS

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Registrant Mimeograph No. 156

TO WHOLESALERS, MANUFACTURERS AND OTHERS CONCERNED:

SUBJECT: Unauthorized Signatures on Official Opium Order Forms (Form No. 2513)

Examinations of the triplicate copies of official opium order forms reveal that many of these forms are signed by unauthorized persons. Section 151.165 (a) and (b) of Narcotic Regulations No. 5 states, in part, that the official narcotic order forms shall be signed by the purchasing registrant in the same form as on the application for registration (Form No. 678) or may be signed by another person authorized by power of attorney (Form 1315) previously filed with and approved by the District Director of Internal Revenue. Under no circumstances should other persons sign these forms.

We find that most of these violations occur at the retail level. Certainly pharmacists are well aware of the responsibilities associated with the purchasing of narcotic drugs. The order forms are intended solely to cover dispositions of taxable narcotic drugs and preparations to registered persons. Part of the system for controlling narcotics is dependent on these order forms. Therefore all registrants are cautioned to avoid violating the regulations by properly executing these official order forms.

GEORGE H. GAFFNEY,
Acting Commissioner
Of Narcotics

April 14, 1964

FDA Notice

The Federal Food and Drug Administration announced the withdrawal of approval for Somatovite Liquid manufactured by The Purdue Frederick Company, Yonkers, New York.

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School of Pharmacy, U. of M., News ......

Dr. Norman J. Doorenbos and colleagues with model of azasteroid molecule.

Standing, left to right: Kenneth Scott and Frank Tinney. Seated, left to right: Rodney Smith, Dr. Juanito Abcede, Dr. Donald E. Shay, Paul Bossle, Dr. Norman J. Doorenbos, Sister Jane Marie Brown, Charles Guyton, and Dr. Leon Milewich.

A broad new attack on infectious disease was announced at the American Chemical Society meeting in Philadelphia by Dr. Norman J. Doorenbos, professor of pharmaceutical chemistry at the University of Maryland School of Pharmacy.

Dr. Doorenbos, who has been synthesizing chemical compounds called steroids for the past seven years, has come up with a new kind of steroid that kills a whole range of infectious microorganisms—not only bacteria but certain kinds of fungi that cause disease defying all treatment thus far.

Steroids are a group of compounds that include naturally occurring hormones, such as cortisone. Today many steroids are being synthesized in the laboratory and manipulated in various ways to change their chemical and physical character as well as their effects within the body.

Dr. Doorenbos, who presided at an ACS symposium in Philadelphia on heterocyclic steroids, reported work done in collaboration with 14 graduate and post-doctoral students in his laboratory. This group found that substituting a nitrogen atom for one of the carbon atoms in the molecular skeleton of certain steroids led to the wholly unexpected result of producing a hormone-like compound capable of killing microorganisms.

Dr. Donald E. Shay, who heads the department of microbiology in the Schools of Pharmacy and Dentistry at the University of Maryland, and one of his students, Rodney Smith, conducted experiments that established the lethal effect of these nitrogen-containing steroids (called azasteroids) on fungi—molds and yeasts, for example—and a group of bacteria that includes the troublesome "staph" and "strep" responsible for so many different infections.

At the same time, Dr. Herbert Goldberg, at the University of Missouri, was testing the effect of azasteroids on pneumococcus, which besides causing pneumonia may also be responsible for meningitis, empyema, and pericarditis. He found that, even diluted a million times, the azasteroids stopped growth of pneumococcus in culture medium.

Dr. Doorenbos also reported that azasteroids reduce inflammation, as cortisone and hydrocortisone do.

He hopes that the discovery will lead to new steroid drugs that can be safely used in treating many fungus infections as well as bacterial infections resistant to other treatment.

The students who participated with Dr. Doorenbos in the work reported are Dr. Juanito Abcede, Paul Bossle, Sister Jane Marie Brown, Charles Guyton, Robert Havranek, Chien Li Huang, Kenneth Kerridge, Charles Kumkumian, Dr. Leon Milewich, Masako Nakagawa, Vithalbhai Patel, Kenneth Scott, Arvin Shroff, Richard Tamorria, Frank Tinney, and Mu Tsu Wu.

Dr. Doorenbos has also been invited to discuss his work at a number of other pharmacy schools participating in the visiting scientist program conducted by the American Association of Colleges of Pharmacy with the aid of a grant from the National Science Foundation.

The investigation was supported by a research grant from the U.S. Public Health Service and by gifts of steroid-starting materials from the Cancer Chemotherapy National Service Center.

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Contributions . . . . . .

"Hospital Pharmacy and Community Pharmacy—Problems or Progress?*

MILTON W. SKOLAUT

Milton W. Skolaut, Chief, Pharmacy Department, National Institutes of Health and president of the American Society of Hospital Pharmacists, presented the viewpoint of the hospital pharmacist.

Mr. Skolaut asserted there is nothing that any one segment of pharmacy can do that cannot help but affect the other segments of this profession.

He mentioned that internships and residencies in Hospital Pharmacy have been established. He believed that hospital pharmacists should fill hospital originated prescriptions because of:

1. the special needs of patients.
2. the availability of certain drugs.
3. the hospital pharmacists feel that this is their prerogative.
4. the compounding of certain prescriptions and special formulas can more readily be accomplished.

Mr. Skolaut also said that it is true that some hospital pharmacies show a profit but this is not different than the profits obtained in radiology or in any other department of the hospital.

He further stated that some physicians prefer to have offices in hospitals because:

1. they like the convenience of special places to do their clinical work and to receive their patients.
2. the availability of hospital laboratory facilities.
   a. X-ray machines
   b. laboratory analysis services
   c. special equipment
3. complete pharmaceutical service and drug information service.
   a. special articles can be made and stored.
   b. investigational drugs are stored free.
   c. complete respect for and rapport with pharmacists.
4. there are other physicians with which to consult.
5. moderately easy access to parking facilities.
6. convenience of the location of the hospital.

He also stated that with so many advantages, many more physicians are expected to have their offices located in hospitals. In the hospital the team system is definitely a reality.

The hospital formulary is based upon the approval of the Pharmacy Therapeutics Committee, consisting of pharmacists and physicians. The formulary is continually revised so as to have the most effective pharmaceuticals available for the patient.

In addition, he said that a mutual trust between physicians and hospital pharmacists is established because physicians are able to observe the action of their drugs and to discuss them with the pharmacist if the need should arise.

Specialized compounds, such as sterile solutions, are not easy for the average pharmacist in the retail field to prepare. The availability of specialized equipment is combined with a well trained professional man, who gives us a picture of the hospital pharmacist, who, because he is still a pharmacist, helps to raise the standards and image of Pharmacy everywhere.

Mr. Skolaut asserted that the freedom of choice of the physician should be extended to the hospital pharmacist.

Fifty-five percent of all small hospitals and nursing homes do not have any

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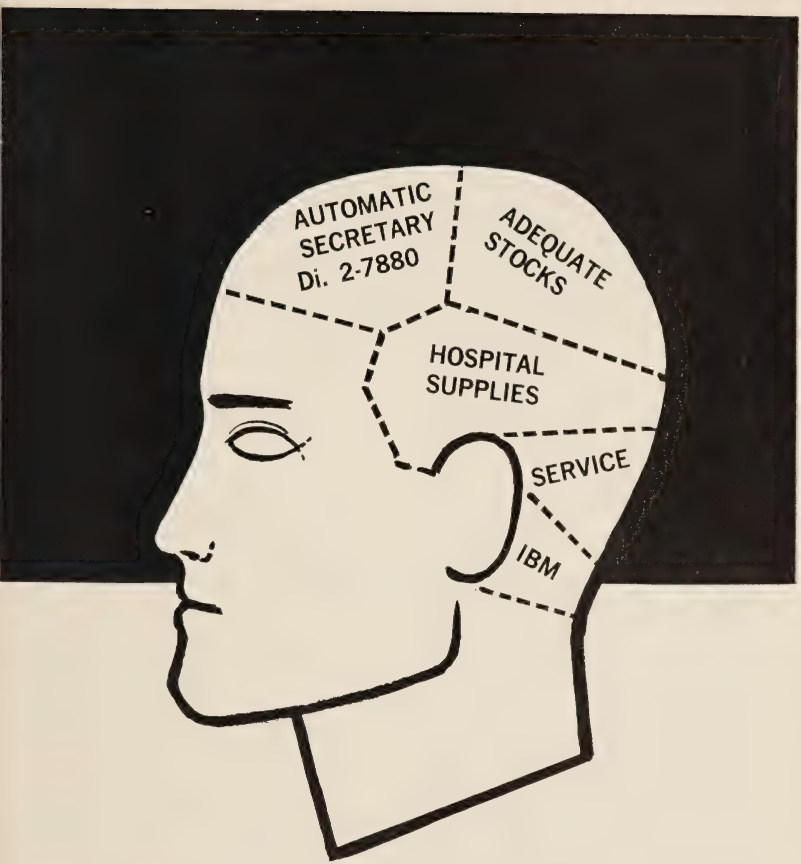
*Spring Regional Meeting, Maryland Pharmaceutical Association, April 16, 1964.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pharmacist or pharmacy. Mr. Skolaut believed that the local pharmacist could establish himself professionally by offering his services and taking the responsibility, if only part time, to prepare and dispense drug needs and to see that drugs are properly labeled and stored. He should also be available as a special consultant in pharmacy policy, procedure and information to these smaller, undermanned institutions.

Milton Kahn, Chief Pharmacist, Somerset Hospital, Summerville, New Jersey, was the proprietor of a community pharmacy for over 25 years. He presents the view of a pharmacist with this dual background.

MILTON KAHN

The subject that I will discuss is "Hospital Pharmacy and Community Pharmacy — Problems or Progress?". Your Secretary, Mr. Gruz, has asked me to approach the subject matter from the viewpoint of a hospital pharmacist who has previously practiced at the retail level.

Some of the material to be set forth today will be elicited from a series of problems facing the community pharmacist in his relationship with the dynamic expansion now taking place in all facets of Hospital Pharmacy.

Actually, gentlemen, I do not address you as a retail pharmacist or hospital pharmacist. I believe we should avoid the use of these hyphenated terms in all organizational matters. We are all pharmacists and should be dedicated to the advancement of the total profession.

The New Jersey Pharmaceutical Association has always been in the forefront in all matters pertaining to the advancement of the profession. Therefore, recognizing the tremendous strides taken by Hospital Pharmacy and the associated problems that have and will arise in this field, the Board of Trustees of my state association formed a new standing committee known as The Hospital Practices Committee.

Having served on our Board of Trustees for many years and with my background covering store ownership, plus my present position as Chief Pharmacist at Somerset Hospital. I was asked to serve as chairman of this committee.

The function of this committee is to promote the profession of Pharmacy and the public health in all matters pertaining to hospitals and nursing homes, including Hospital Pharmacy, but not strictly limited to that one facet.

I would like to cover the subject today by posing a series of questions, discuss them and leave some food for thought.

My first question is: **Why should many hospitals and most nursing homes provide a lower caliber of pharmaceutical service than that which is available to the general public?**

It is my considered judgment that this is one of the most pressing hospital problems confronting the profession of Pharmacy today. I call it the double standard of pharmaceutical practice. Dr. Archambault calls it the 'Unauthorized Practice of Pharmacy".

Under this system, which is widely in effect in many hospitals and most nursing homes, patients are not receiving the pharmaceutical expertise to which they are entitled.

Before discussing the problem, I should like to quote some statistics from **Mirror to Hospital Pharmacy** and a recent survey by **American Druggist.**

Forty-seven hundred hospitals in the United States lack the services of a full time registered pharmacist. In 50% of these, no pharmacist is involved in any way with this service. Narcotics are controlled and handled by **NON** pharmacists in about 85% of the hospitals where there is **NO FULL TIME REGISTERED PHARMACIST COVERAGE.**

The estimated number of personnel supplying drug services in hospitals without a full time registered pharmacist is approximately 8,000, of which 6,000 are nurses 581 full time and 5,624 part time).

In New Jersey, those patients in hospitals operating under a permit granted by the Board of Pharmacy are receiving a complete pharmaceutical service under direction of registered pharmacists. On the other hand, patients in those institutions that operate without a permit from the Board of Pharmacy are not apt to receive the best pharmaceutical care, in that potent drugs and narcotics are being dispensed by personnel that legally and professionally do not qualify to perform these functions.

The dual standard of pharmaceutical care is not in the best interest of the public health. If these same practices (a non pharmacist compounding ℞) take place at the retail level, the Board of Pharmacy would make every effort to suspend or revoke the license of stores involved and this is as it should be, since it is a complete disregard of the trust bestowed by the state through licensure.

With the growing web of chemical, trade and generic names, a lay person can easily become enmeshed in the multiplicity of duplication confronting the dispenser of todays important, complex and potentially dangerous drugs. This danger is ever present, be it in a 50 or 500 bed hospital.

The size of the institution does not reduce the potential danger of the drugs. Thus I feel that patients in all hospitals are entitled to a complete pharmaceutical service under the direction of a qualified pharmacist, thereby raising their standards and eliminating this unauthorized practice of pharmacy.

This principle of pharmaceutical service has been accepted by the American Hospital Association and the American Society of Hospital Pharmacists and it is true that the Joint Commission for Accreditation of Hospitals has classified pharmacy as an essential **Hospital Service.** However, at the present there is a general lack of uniformity pertaining to Hospital Licensing Acts and regulations as they apply to pharmaceutical service in hospitals and nursing homes throughout the country.

For example, in nursing homes we might say that the conditions governing pharmaceutical service are in a state of organized confusion.

The establishment, maintenance and operation of nursing homes is regulated in all our states. The majority vest the regulatory power in the State Health Department. A few states vest the power in the State Welfare Department.

The laws and regulations range from stringent to very, very loose. However, with the tremendous growth of nursing homes, some states have shown a new interest in drug control standards.

Now, what can be done to stem the tide of this trend, in order that **this** dual standard of pharmaceutical service may be reduced and eventually eliminated? I believe that this serious problem may be approached by two methods:

1. For the nursing home and hospital where perhaps the full time service of a registered pharmacist may work a financial hardship or the demands of pharmacy services are too low, in these situations a community pharmacist should approach the administrator and make every effort to educate him on the value of maintaining an adequate pharmaceutical service, if only on a part time basis.

There are over half a million beds in today's nursing homes and most of the patients in these homes are receiving medication. The mode in which the medication is obtained, stored and dispensed must be pharmacy's concern.

2. The second method of approach to a solution of this dual standard problem is **legislation.**

I would say that there are possible avenues of legislative approach. However, I am sure we are all very aware by this time that it is difficult to get good legislation passed and much more difficult to have its constitutionality upheld by the courts. This would be especially true of legislation affecting hospitals. For purposes of my discussion, I will say that the Hospital Practices Committee of the New Jersey Pharmaceutical Association is exploring the ramifications of the licensing of hospital pharmacies by the Department of Institution Agencies of our state. I might add that our committee has already had exploratory talks with the Committee on Pharmacy of the New Jersey Hospital Association (Administrators).

> My second question is: **Why should tax exempt-charity supported hospital pharmacies compete with the community pharmacy, and what has been the impact of the hospital pharmacy on the community pharmacy in its role as a dispenser of prescription medication to the non hospitalized public?**

Until Hospital Pharmacy came of age, many activities relating to its practice went unnoticed by the average community pharmacist. However, there are now some aspects of hospital pharmacy that may lead to **strained** relations with the community pharmacist and, therefore, require immediate attention and constructive action.

One of the major problems, which has broad implications for the total profession of pharmacy, is the dispensing of prescriptions **not** emanating within the hospital and the offering of other pharmaceutical service to outpatients.

It must be remembered that a voluntary hospital is a **tax-exempt institution**, thus giving its **pharmacy an economic advantage** which could relegate the community pharmacist to a **non-competitive position.** No hospital pharmacy has any excuse for **seeking increased volume from non-hospitalized persons in competition with the community pharmacists.**

Carl Raiser, Assistant to the president of Smith, Kline & French Laboratories, recently stated "It's my belief that in the long run, unless hospital pharmacies stick pretty closely to their basic function of providing drugs for patients in hospitals, they may find themselves answering some searching questions from GOVERNMENT REGULATORY AGENCIES".

I would say that in general hospital pharmacists do not want to furnish outpatient prescription service to the public and feel that this service should be left to the community pharmacists. However, there are definite trends "setting in" over which the hospital pharmacist has limited control. I am referring to the new social needs and pressures, such as: changes in broad medical benefits to **non** indigent citizens, the drift to the hospital, in becoming the medical center of the community. The newest and perhaps most **important trend** is that of physicians establishing private offices in hospitals and hospital associated clinic buildings where they see private and indigent patients. When these physicians have agreements with the hospital, the conditions of the contract are usually that the hospital will make all of its facilities available to them so that they may give complete medical care to their patients. Pharmaceutical service is included in this care.

Under such conditions the hospital pharmacist has little to say as to whether prescription service will or will not be provided.

I should like to quote on this very important subject from **Mirror to Hospital Pharmacy** (which is the most comprehensive study ever made on the practice of Hospital Pharmacy). This study project was conducted by American Society of Hospital Pharmacists under grant from the United States Government.

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"Because of the growing importance and recognition of the hospital as a center for community health, it is reasonable to predict a rise in the number of hospitals offering outpatient prescription service and a consequent rise in the number of outpatient prescriptions filled in hospitals. It does not seem realistic to believe that patients who are seen in the outpatient divisions of hospitals **will not** be able to obtain their medication at the same time and place. Nor does it seem realistic to believe that the rights of hospitals to supply medication to outpatients **can be limited** to serving **only** the indigent.

Still, the growth of this practice is bound to worsen the relationship between hospital and community pharmacists; to alter basically the pattern of pharmaceutical practice in the United States, and to have ramifications in educational practices, recruitment programs, patterns of drug distribution, etc.

It is difficult to assess without further study the effect increased utilization of outpatient facilities will have on the community pharmacist. Undoubtedly many of the prescriptions written in outpatient units will continue to be filled by community pharmacists. Also with more and more people seeking medical care, a much larger volume of drugs will be prescribed, and proportionally, the community pharmacists will receive many of these prescriptions.

One of the basic questions to be answered is whether pharmacy as a profession will be better or worsen if a higher proportion of drugs is distributed to **non** hospitalized patients by pharmacists practicing in hospitals. It will be difficult to obtain an objective answer to this question."

Some facts from a recent **American Druggist Magazine** survey are pertinent to this very important subject.

In 1962, the nation's hospital pharmacies dispensed twice as many prescriptions for people not confined to hospital beds as they had six years earlier, an increase of some 104% (26 million in 1956—53 million in 1962). In this same six year period, the nation's retail pharmacies experienced an increase of 34% in total prescriptions filled.

Included in this category of non-hospitalized patients are outpatients attending hospital clinics, employees of the hospital, private patients of physicians on the hospital staff and the general public.

I do not feel that retail pharmacists have any real claim on the prescription volume represented by clinic outpatients, nor by volume produced by the policy that allows hospital employees the fringe benefit of having their prescriptions filled, **providing that this benefit is not abused.**

At Somerset Hospital, members of the **immediate family** of the employee are permitted to secure items that are **normally** stocked in the pharmacy at cost plus 10%.

But so far as the general public is concerned, including private patients of doctors on the staff, I feel that the hospital pharmacy which fills prescriptions for persons in this category is actually in direct competition with those retail pharmacists in the same community area.

At present, approximately 64% of the hospitals employing pharmacists provide prescription service to outpatients. However, of the total number of prescriptions filled in 1962 by retail pharmacies and by hospitals for persons not confined to the hospital (outpatients), retail pharmacies still account for 93%.

Therefore, I would say at this time that the fears of retail pharmacy in this situation need not be of an alarming nature, **but** it should be of increasing concern, and I firmly believe that an intensive nationwide study should be undertaken of this entire matter, including the **legal and tax implications of the laws** as they affect outpatients dispensing.

I will close this question by again quoting from **Mirror to Hospital Pharmacy** "This question is so important that it should be studied by a commission broadly representative of the profession."

My third question is: **Why is the role played by hospital pharmacy and hospital pharmacist of such vital concern to the profession as a whole?**

The answer to this question contains many facts and figures, which I have put together since my transition from retail owner to hospital pharmacist.

During the past three decades hospital pharmacy has emerged from a relatively obscure position to a well recognized and highly important branch of the profession.

When one talks of Hospital Pharmacy, one refers to pharmacy which is practiced in a group of institutions (hospitals and clinics, public, private, specialized or general) numbering somewhere in the 7,000 area.

Hospitalization is **big** business. It will soon move into fourth position in the listing of the nations largest industries. Its capital investment exceeds 5 billion and the total operating budget is well over 2 billion annually.

Hospital Pharmacy is likewise big business, by virtue of the fact that approximately 10.5% of the hospitals **non-payroll** expense is spent each year for pharmaceuticals, and the prediction that 10 years hence between 40-50% of all prescription medication will be dispensed through hospital pharmacies. The 50% figure may sound astronomical, but, when we examine the important factors affecting the situation, it becomes realistic.

Let us consider some of the facts. It is an established fact that the population is expanding at a rapid rate (one birth every 7 seconds) with a corresponding increase in the number of citizens over 65 years of age. Add this to the growing volume of the population covered by voluntary hospitalization plans (Blue Cross, etc.) and the broadening of third party payments (private insurance companies, Kerr-Mills, welfare hospital supported care for the aged) and you have the necessary ingredients for a dynamic expansion in all departments of hospitals.

No one department better typifies the change that has and will take place in the hospitals than the hospital pharmacy itself.

The pharmacist engaged in hospital practice has the pleasure of performing a specialized role within the pharmaceutical profession. By virtue of the environment in which he practices, he is enabled without distraction to devote all his time and effort to that service for which he has been trained.

The proper discharge of his assignments, as well as his success in what is a vital pharmaceutical public relations responsibility, affect not only the hospital community but reflects equally on the total practice of pharmacy outside the hospital walls.

Under such conditions, the pharmacy department is evolving into an area which will assume more and more authority and responsibility and consequently this should enable the hospital pharmacist to elevate his prestige and position, and the practice of his profession as well.

It must be remembered that every future practitioner of medicine must obtain a large part of his professional training in a hospital, therefore, his first professional contact with the profession of pharmacy is in a hospital.

To quote once again from **Mirror to Hospital Pharmacy:**

"It is quite evident, therefore, that in the hospital pharmacist's hands lies the future image of pharmacy in the minds of future practitioners of medicine, and if it is, trust that the more dependent the physician is **on the pharmacist** the more **dependent** the **public** will be on the **pharmacist**, then there is a direct relationship between how the hospital pharmacist practices his profession and how **dependent** the **public** will be on **Pharmacy.**

The strategic position which Hospital Pharmacy holds in relationship between pharmacy and all the future practitioners of medicine is one of the major determining factors in the future survival of Pharmacy as a profession."

The next and last question I should like to place before your organization is rather lengthy, and necessarily so, because it exposes opportunities and responsibilities for the community pharmacist.

What is the status of pharmaceutical service in hospitals and nursing homes which lack bonafide supervision, and how may the community pharmacist avail himself of the opportunities which await him in such hospitals and nursing homes?

As I have previously stated, 4,700 hospitals in the nation lack the services of a full time pharmacist, and in about half of these no pharmacist is involved in any way with the drug service. To this figure must be added the scores of nursing homes and other medical care units now appearing on the scene. Therefore, in these institutions there is dire need for the direct professional services of a pharmacist, even if it be **limited to a few hours per week.** In such a situation the hospital, unless it wants to take the chance, as many do, of handling drugs in an haphazard and probably illegal manner, should enlist the services of a nearby community pharmacy.

Dr. Kenneth Babcock, Director of the Joint Commission on Accreditation of Hospitals (the commanding voice of hospital administrators), recently urged hospitals without bonafide pharmaceutical service to utilize the community pharmacist as a consultant.

Many administrators of hospitals in this category are not aware of the scope of service that **you** as a community pharmacist can offer, such as narcotics control, purchasing and drug inventory, developing safe procedures for the handling of drugs, business records, etc.

A number of community pharmacists now offer their professional services to hospitals, nursing homes and other institutions in which drugs are dispensed.

For those local community pharmacists who are interested in exploring the responsibilities and opportunities that await them in these institutions, I would like to point out that you must be prepared to furnish more than legal coverage. Hospital pharmacy is no longer the haven for the pharmacist who has spent years in retail pharmacy and wants to slow down.

The pharmacist who wishes to develop this contact must be prepared to show how his pharmaceutical education and experience will enable him to render better service than the lay personnel now performing the pharmaceutical functions. He should be prepared to perform such service in a manner that would be easily recognized by the administrator, who is not **pharmaceutically oriented.**

To accomplish this it would be mandatory for the community pharmacist to read current hospital publications and hospital pharmaceutical literature, so as to become knowledgeable with hospital procedures and problems.

I can mention no finer compendium for this information than **Mirror to Hospital Pharmacy,** which I have taken the privilege of quoting on numerous occasions today.

We have now arrived at the Age of Chemotherapeutics, when the physician's pen may become mightier than the surgeon's scalpel. Therefore, the hospital pharmacist, as well as the community pharmacist, must be in a position to aid in the continuing education of the physician when advice and guidance is sought in the discriminating use of the many new drugs that become available each year.

Many community pharmacists have assumed a negative viewpoint and are often critical of hospital practices, especially outpatient dispensing, the formulary system and the abuse of employee fringe benefits, pertaining to pharmaceutical purchases.

This point of view should be overcome and replaced by a positive effort, and in so doing, be in a position of directly affecting the pharmaceutical services of a particular institution.

Those community pharmacists who have given of themselves in this manner have profited personally, acquired increased prestige and are rendering an additional service to their community.

I am not recommending **part time** pharmaceutical service as the **final answer** to this growing problem; it is a **stop gap measure** intended to resist the take over of pharmaceutical services by lay personnel.

The ideal solution to this problem will come about only if and when dedicated hospital trained pharmacists assume control of all pharmaceutical services in hospitals and nursing homes.

The ultimate aim, when part-time registered pharmacist coverage is the only method available, is to see that the most important person in the total hospital picture—the patient— is receiving the best pharmaceutical care possible.

I would like to take the privilege of interjecting a personal note. Although the hospital pharmacist is strictly a professional practitioner and his role will become increasingly more important, he cannot isolate himself from the problems and activities of the other branches of the profession, any more than the community pharmacist can stand in the wings and let the "other fellow" carry the organization and ethical load.

There is no question but that the hospital pharmacist has improved the image of Pharmacy. Now the community pharmacist must add to this picture.

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Eulogy of Dr. John F. Wannenwetsch

By Frank S. Balassone

Presented at the Spring Regional Meeting, Maryland Pharmaceutical Association, April 16, 1964 *at the Elks Club, Easton, Md.*

Death did what nothing else could do when it ended, in the afternoon of December 3rd, 1963, Honorary President, John F. Wannenwetsch's years of dedicated and distinguished service to the Maryland Pharmaceutical Association and pharmacy.

This being the first meeting of this Association since his death, may we first be permitted to offer heartfelt sympathy to the members of the bereaved family of our late beloved treasurer and assure them of our prayers for the departed soul. But we are confident, dear friends, that in your hour of sorrow your comfort is in your faith which assures you that your brother, and uncle has been called home by our Divine Lord to receive the reward so richly deserved for a life entirely spent for God, for country, family and for pharmacy. He could say with the great Apostle St. Paul—and this he said in substance to me just a few hours before he died "This is it—I am ready.—I have run my course of life. I have fought the good fight. I have kept the faith. Now there remains for me a crown of glory which the good God gives to them who love and serve Him."

As we survey the life of this distinguished pharmacist, we are quick to acknowledge the fine pharmacy he has conducted for decades in Baltimore. The clergy in his area will attest that the poor never went without medication when it was made known to him.

We could speak of his deep patriotic interest and participation in the state, with his interest in pharmacy legislation and in the national government, with his interest in the Fair Trade Laws in which he distinguished himself.

His zeal, skill and energy were soon recognized by Deans Caspari, Kelly, DuMez, Cole and Foss. The Drug Commissioners and Secretaries Caspari, Bunting, Swain, Kantner and myself recognized his efforts in behalf of good pharmacy and drug legislation.

The soundness of his judgement at the meeting place, the deep profound sense of fairness and common sense in all his dealings will be remembered by all who knew him and be an inspiration to pharmacists.

"Fatti maschi, Parole femine" — by manly deeds he did live, by womanly words he expressed himself in kind and courtly manner to all, in words of wisdom, comfort and encouragement.

Jack was a noble man, friendly, generous, understanding and effective.

The practice of pharmacy has been enriched by his gentlemanly example.

We close this poor effort to eulogize one of our own great and successful pharmacists, a leader truly great in stature who by word and action gave expression to the highest ideals of brotherhood. Thus, we close the book of his earthly life. We miss him.

Let Us Pray

Remember thy servant, O Lord, according to the favour which thou bearest unto thy people and grant that, increasing in knowledge and love of thee, he may go from strength to strength, in the life of perfect service in thy heavenly kingdom. Unto God's gracious mercy and protection we commit you, John Wannenwetsch. The Lord bless you and keep you. The Lord make his face to shine upon you, and be gracious unto you. The Lord lift up his countenance upon you, and give you peace, both now and evermore. AMEN.

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*Post-Humously

Maryland Pharmacist Committee

Wilson Spilker, Chairman
Lou Rockman
Frank J. Slama, Board Advisor
Sam Sieger

Volume 22 **APRIL, 1964** **No. 6**

T.A.M.P.A.

Saturday, April 11th TAMPA members went to the Patapsco State Park with their children on a father-son-daughter outing.

There was plenty of food and drink for all. Games were planned for the children and everyone had candy, a prize or balloon to take home with them.

It seemed that everyone that attended and brought along a youngster had an enjoyable afternoon.

It is hoped that a similar event can be held next year.

TAMPA members have been busy at Hendler Hall every Tuesday evening rehearsing for their show at the MPA Atlantic City Convention.

Robert P. Filippelli of Reisterstown, Maryland, was honored by Lederle Laboratories for "outstanding sales achievement" in 1963.

Filippelli was made a member of Lederle's exclusive Gold Cup Club.

Gilpin Honors Four With 1963 President's Cup

John C. Matheny, Baltimore, was one of the four winners of the 1963 President's Cup presented by the Henry B. Gilpin Company.

The award, for outstanding growth in "brass tacks" service to customers, was also presented to Robert W. Colb of Norfolk, Va., Jerome Mack of Dover, Delaware, and Michael J. Caputo of Washington, D.C.

The Baltimore Division-Company Cup Winner was presented to W. Luther Skinner, Jr., division manager.

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PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

As the local pharmaceutical organization for the pharmacists in the greater Baltimore area, the Baltimore Metropolitan Pharmaceutical Association is ever on the alert to promote the welfare of community pharmacists in this area.

A great deal of attention is being given to the continuation of an aggressive public education program which will keep bringing our slogan to the public: "YOUR NEIGHBORHOOD PHARMACIST MAY SAVE YOUR LIFE—DON'T DISCOUNT YOUR HEALTH!"

This message is being carried by 200 buses and repeated on our radio spots.

We are trying to arrange for the assignment of television cooperative advertising spots to the B.M.P.A. This can be done through the cooperation of the drug wholesalers who have been given these spots by manufacturers on behalf of their retail accounts.

This must be backed up by the proper practices by our members. In order to survive in these changing times, you must give your patrons something that cannot be discounted: *service, consideration, clean well lighted pharmacies.* You must maintain good *inventory control* to avoid losing sales. Be *friendly* and take part in *community activities.*

Above all support your organization by paying dues promptly and taking part in our meetings. They are designed for you.

As a last word, choose your suppliers carefully. Remember—support the firms that maintain a "pharmacy" first and only policy. Don't be taken in by promoters who play both sides of the street. Stick to those who help you to survive in today's fierce competition.

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IRVING I. COHEN
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NEWS ITEMS . . . . . .

Spring Regional Meeting
Elks Club, Easton

The Spring Regional Meeting of the Maryland Pharmaceutical Association was held on April 16th at the Elks Club, Easton, Md.

The Executive Committee met in the morning. Following lunch, the general meeting was called to order by President William A. Cooley.

As this was the first meeting following the death of Dr. John F. Wannenwetsch, Honorary President and Treasurer Emeritus, a Memorial Tribute was held. "Jack" Wannewetsch had served as treasurer of the Maryland Pharmaceutical Association for 25 years until his resignation in 1963. The Annual Banquet at the 1963 Convention was a testimonial dinner in his honor. Just weeks before his passing, the Maryland Pharmaceutical Association named its scholarship fund the "John F. Wannenwetsch Fund".

The eulogy given by Francis S. Balassone, is printed in this issue.

Executive Secretary Nathan I. Gruz spoke on the necessity for all segments of pharmacy, including hospitals, retailers, government and manufacturers, to work together so that the National Association of Retail Druggists and the American Pharmaceutical Association can present a united front against the enemies outside the profession, instead of fighting among ourselves.

He stated that affiliation between the state and local organizations would strengthen the profession.

R. L. Swain Model Pharmacy

Irving I. Cohen, president of the Baltimore Metropolitan Pharmaceutical Association, reported that plans for the Robert Lee Swain Model Pharmacy were well under way.

Many new features and an enlarged pharmacy compounding area have been incorporated. The Dr. B. Olive Cole Museum will also be installed. A large portion of this museum will be devoted to the L. Manuel Hendler collection which was donated by the Hendler family.

Mr. Cohen commented on the excellent program of the Swain Seminar and urged everyone to attend the next seminar.

Mr. Jerome Mask presented a report on the Legislative Committee. It was also noted that, the new dues structure has gone a long way to strengthen pharmacy and the association.

After discussion of a motion by Alexander J. Ogrinz, Jr., it was decided that the legal counsel of the Maryland Pharmaceutical Association should prepare a resolution to inform the Governor that the present fee schedule of the Medical Care program for prescriptions must be revised.

Amendments Recommended

Frank Block, chairman of the Constitution and By-Laws Committee, presented several amendments recommended by the committee and the Executive Committee. The amendments will be mailed to all members prior to being acted on at the Convention.

Mr. Hack outlined the group pension plan sponsored by the Maryland Pharmaceutical Association. The Association plan will enable each member to establish a pension plan for himself or his employees at a savings of from 10-25% because of group purchasing. This plan is flexible and individually designed. Tax savings may be possible under some plans.

Alexander J. Ogrinz, 2nd Vice President of the M.P.A. and President of the Maryland Board of Pharmacy, served as moderator for the panel pre-

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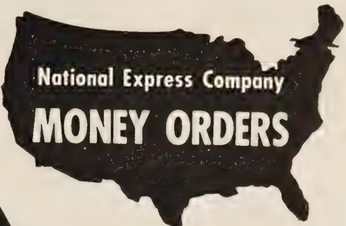
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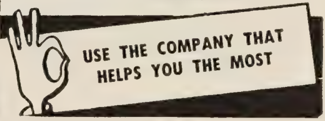
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sentation of the afternoon on the subject of "Hospital Pharmacy and Community Pharmacy — Problems and Progress".

Mr. Ogrinz then called upon Milton W. Skolaut, Chief of the pharmacy department, National Institute of Health, and Milton Kahn, Chief Pharmacist, Somerset Hospital, Summerville, New Jersey.

A summary of Mr. Skolaut's address and the text of Mr. Kahn's will be found in this issue.

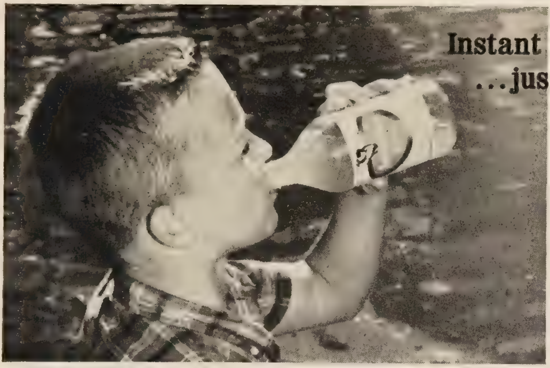
Following the speakers, there was a question and answer period, after which the meeting was adjourned.

A social hour and dinner followed. Victor H. Morgenroth, Jr., was presented the Past President Plaque awarded by Mr. Richard M. Mace, E. R. Squibb & Sons.

Victor H. Morgenroth, Jr., (right) received the Squibb Past President Plaque from Richard M. Mace, Manager, Washington Sales Region, E. R. Squibb & Sons

SPRING REGIONAL MEETING

Left to right: Alexander J. Ogrinz, Jr., Milton W. Skolaut, Milton Kahn, President William A. Cooley, Secretary Nathan I. Gruz.



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James E. Allen Addresses B.M.P.A.

JAMES E. ALLEN

James E. Allen, president of The Henry B. Gilpin Company, addressed the Baltimore Metropolitan Pharmaceutical Association at its meeting on April 30, 1964 at the Kelly Memorial Building.

The topic was "Owning Your Own Pharmacy—Problems and Opportunities". Mr. Allen emphasized that there were still many opportunities for alert and energetic pharmacists. There are many excellent locations, especially in small and medium size shopping centers.

Mr. Allen asserted that an independent pharmacist in a shopping center can often produce more sales per square foot than an absentee owner of a pharmacy.

Prior to the main address, Secretary Nathan I. Gruz reported on the testimonial dinner to Senator Hubert Humphrey, on a conference on reclassification of drugs held in Washington, pharmacy practices in hospitals, protests at hearings on a minimum wage bill for Baltimore City and legislative programs. He also spoke of violations of prescription refill regulations in the Baltimore area. Members were cautioned to adhere to all pertinent federal and state laws.

Aaron M. Libowitz reviewed the public education programs of the B.M.P.A., pointing out the continuing bus card projects and public relations radio broadcasts.

Pharmacy Calendar:

August 2-7—A.Ph.A. Convention, New York City—Hotel Hilton.

August 18, 19, 20—Mid-Atlantic Drug, Gift & Cosmetic Show of the Baltimore Metropolitan Pharmaceutical Association — Blue Crest North — Reisterstown Road, Pikesville, Md.

October 4-8—N.A.R.D. Convention—San Francisco, Calif.

October 25-27—American College of Apothecaries Convention — Sheraton Hotel, Dallas.

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Prince Georges-Montgomery County Pharmaceutical Association

The 10th Annual Installation Dinner of the Prince Georges-Montgomery County Pharmaceutical Association was held on Wednesday, April 29, 1964 at the Sheraton Silver Spring Inn.

Louis E. Kazin, Editor of *Drug Topics*, was the guest speaker. His topic was "Pharmacy's Responsibilities".

Mr. Kazin asserted it was the pharmacists who make it possible for physicians to have a choice of medication. It is important for pharmacists to be informed about new drugs so that they can be drug consultants to physicians.

Jame A. I. Parker served as toastmaster and Samuel J. Latona delivered the invocation.

Dominic J. Vicino, outgoing president, delivered a message and discharged the past officers. Past president Morris R. Yaffe, 3rd Vice President of the Maryland Pharmaceutical Association, installed the new officers.

Incoming president Gerald Y. Dechter delivered a message upon installation in office. Awards were presented as follows: Past President Award—H. B. Gilpin Company by William H. Whittlesey, Jr., Manager, Washington Division; Presentation by Washington Wholesale Drug Exchange—by James M. Membert, Executive Vice President; President Award—District Wholesale Drug Corporation, by David I. Estrin, President.

The Prince Georges-Montgomery County Pharmaceutical Association was invited by the Prince Georges County Medical Society and the Montgomery County Medical Society to participate in the oral polio immunization program. These immunizations took place on three Sundays spaced four weeks apart. The immunizations were scheduled for April 19th, May 19th and June 14th.

There were approximately 40 sites in Montgomery County and 35 in Prince Georges dispensing vaccine with a pharmacist at each site to assist.

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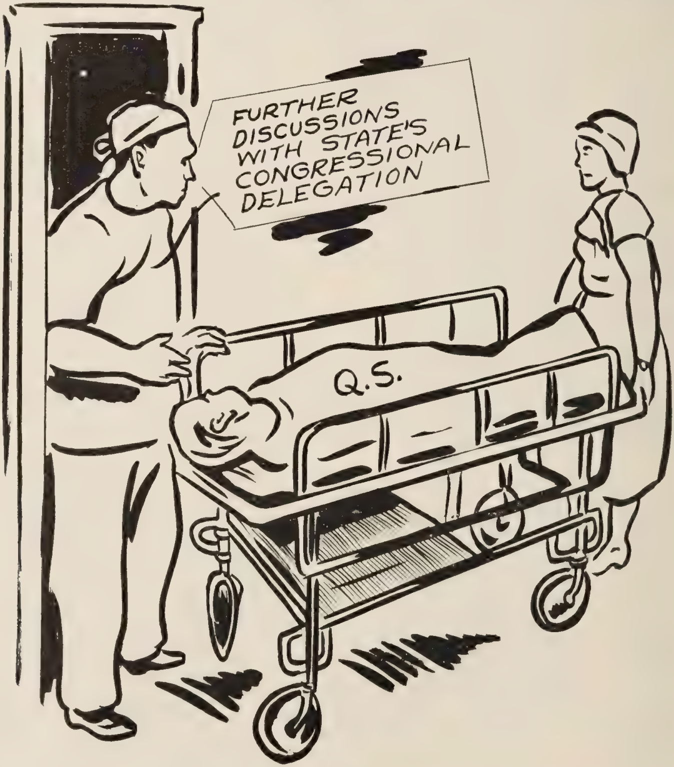
Dr. Klumpp Cites Sharp Drop in New Drug Approvals Since '57

During the past seven years there has been a progressive decline in the number of new drugs approved for introduction in the United States, Dr. Theodore G. Klumpp, president of Winthrop Laboratories, declared at the California Pharmaceutical Association's annual convention.

Dr. Klumpp said the Food and Drug Administration approved only 13 new drug applications in 1963, compared with 187 in 1957.

During this interval there was a gradual lengthening of the period for approving a drug, from an average of 83 days in 1957 to 430 days in 1963.

Dr. Klumpp said, "it is right to take all reasonable steps to minimize the hazards of dangerous drugs, but we must be careful to the utmost that we do not interfere with the critically important objective of providing new medicines to alleviate the ills that still afflict mankind".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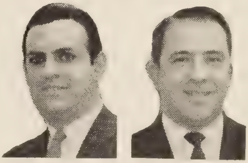

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Self-Made "Pros" Can Cure Drug Addicts, Former Addict—And Pro—Tells Ad Club

The only successful method ever developed to treat and cure narcotic addiction is being employed by former addicts, not by "legitimate professionals" with the right set of degrees in medicine, psychology, or theology.

This statement was made in New York to the Pharmaceutical Advertising Club—by David Deitch, co-director of Synanon House, Westport, Conn. Mr. Deitch, once considered an "incorrigible and incurable" criminal drug addict, is a beneficiary and practitioner of Synanon.

Synanon, a word adopted to describe the special approach to drug addiction for which success is claimed, he explained, promises to become a word like medicine, analysis, or psychology, describing an area of professional specialization.

"Synanon is emerging as a new profession and form of social service," Mr. Deitch stated, "and one that may not be limited merely to the correction of drug addiction."

He explained that the Synanon technique of encouraging and inducing open and direct, and honest, communication between humans as a therapeutic aid was a new contribution in the field.

In addition to this type of catharsis, Synanon also assists addicts by proving in Synanon Houses a family-like warmth and group identification which such sick people desperately need. Mr. Deitch said.

The Westport Synanon House is the only one in the East and only provides temporary shelter and treatment, he said. Most applicants accepted by Westport are sent on to one of three main Synanon Houses located in California and Nevada. About 250 addicts from the New York area have passed through Westport en route to the western Houses.

Synanon is the concept of Charles E. Dederich, a Californian. The Synanon Foundation was chartered five years ago in California as a tax-exempt, nonprofit organization for the rehabilitation of drug addicts. Except for Mr. Dederich, who was once a chronic alcoholic, its directors and officers are all former narcotic addicts.

At the moment, Synanon provides housing and treatment for more than 400 persons, up from about 150 a year ago. Well over 100 are now functioning as officials or operatives within the Synanon Houses or live and work outside the Houses but still maintain their connections with them.

Community Pharmacy . . . 1963

The preliminary LILLY DIGEST report of 1,016 retail pharmacy operations reveals definite trends. Sales are up; the cost of goods sold percentage is down. Net profits show an increase as the larger operating expenses are more than matched by the larger gross margins.

Total sales reached a record high of $158,474, reflecting an increase of $12,289 (8.4 percent). This total dollar gain is divided almost equally between prescription sales and other sales. However, prescription sales sparked to a high of 37.1 percent of total sales—the highest percentage in the history of the DIGEST.

The number of prescriptions dispensed also denotes growth. There is an increase of 1,546 prescriptions dispensed per store, thus producing another record breaker: a total of 17,363 prescriptions dispensed per pharmacy. Of this total, 48.3 percent are new prescriptions. This reverses a ten-year trend in which refills annually increased their percentage of the total prescription volume. However, refills still provide 51.7 percent of the total prescription business. The average prescription charge increased 6 cents, from $3.32 to $3.38.

Total operating expenses increased by 0.5 percent and now average 31.7 percent of total sales. Net profits increased to 4.9 percent as the cost of the merchandise sold decreased, 0.6 percent, to 63.4 percent of total sales. As a result of controlling operating expenses, proprietors are accepting a lower percent of sales as wages. However, the dollar amount of total income (salary plus net profit, before taxes) increased to a record average of $20,685 per pharmacy.

Inventory increases are noted both "out front" and in the prescription department by 7.2 percent and 7.4 percent respectively. Thus, total inventory is 17.5 percent of total sales. The turnover rate remains at 3.6 times a year.

SUMMARY

The preliminary LILLY DIGEST report of the operating figures of 1,016 community pharmacies is summarized, along with the 1962 operations of 2,317 stores.

PRELIMINARY LILLY DIGEST - 1963

AVERAGES PER PHARMACY	1963 (1,016 Stores)	1962 (2,317 Stores)	Change and Percent of Change
Sales			
Prescription	$ 58,764 . 37.1%	$ 52,578— 36.0%	+ $ 6,186—11.8%
Other	99,710— 62.9%	93,607— 64.0%	+ $ 6,103— 6.5%
Total	$158,474—100.0%	$146,185—100.0%	+ $12,289— 8.4%
Cost of goods sold .	100,467— 63.4%	93,493— 64.0%	+ $ 6,974— 7.4%
Gross Margin	$ 58,007— 36.6%	$ 52,692— 36.0%	+ $ 5,315—10.1%
Expenses			
Proprietor's or Manager's salary	$ 12,982— 8.2%	$ 12,244— 8.4%	+ $ 738— 6.0%
Employees' wages .	18,451— 11.6%	16,758— 11.5%	+ $ 1,693—10.1%
Rent . . .	4,043— 2.6%	3,515— 2.4%	+ $ 528—15.0%
Miscellaneous operating costs . .	14,828— 9.3%	13,105— 8.9%	+ $ 1,723—13.1%
Total Expenses	$ 50,304— 31.7%	$ 45,622— 31.2%	+ $ 4,682—10.3%
Net profit (before taxes) . . .	$ 7,703— 4.9%	$ 7,070— 4.8%	+ $ 633— 8.9%
Total income (net profit plus proprietor's salary, before taxes)	$ 20,685— 13.1%	$ 19,314— 13.2%	+ $ 1,371— 7.1%
Value of inventory at cost and as a percent of sales . . .			
Prescription . . .	$ 9,260— 15.7%	$ 8,620— 16.4%	+ $ 640— 7.4%
Other	18,411— 18.5%	17,172— 18.3%	+ $ 1,239— 7.2%
Total . . .	$ 27,671— 17.5%	$ 25,792— 17.6%	+ $ 1,879— 7.3%
Annual rate of turnover of inventory . .	3.6 times	3.6 times	— —
Number of prescriptions dispensed			
New . .	8,392— 48.3%	7,577— 47.9%	+ 815—10.7%
Renewed	8,971— 51.7%	8,240— 52.1%	+ 731— 8.9%
Total . . .	17,363—100.0%	15,817—100.0%	+ 1,546— 9.8%
Prescription charge .	$3.38	$3.32	+ $ 0.06— 1.8%

Drug Fair Wins Award

Drug Fair of Alexandria, Virginia, was presented the highest award in retail merchandising by Brand Names Foundation. The Retailer-of-the-Year Plaque was awarded Drug Fair for excellence in the Drug Stores—Class I category of the Brand Name Retailer-of-the-Year Awards Competition.

Dr. Milton Elsberg, firm president, accepted the award for the 79-store chain.

"There has been no single factor more instrumental in Drug Fair's phenomenal growth than its 'Name to Fame' theme—a theme that has become synonomous with the Drug Fair name," Dr. Elsberg stated.

"Drug Fair—Famous for Famous Brands," he continued, "is more than just a slogan with us, it is a way of life."

Drug Fair was established in 1938 when Dr. Elsberg and Robert Gerber opened the first 1,200 square foot store in Arlington. The second store was opened in 1944 with 5,000 square feet, a giant for its day. One of the typical Drug Fairs today has a floor space average of 18,000 square feet.

The chain ran over a million inches of newspaper advertising in 1963 promoting Name Brands. All of its radio advertising and 90 per cent of its direct mail pamphlets push Name Brands.

Sales bulletins and a complete orientation program keep the salesmen aware of Brand Names' importance and "silent salesmen" displays continually remind the customers of it.

Drug Fair is unique in that this is the second Retailer-of-the-Year Plaque for the chain. A winner cannot compete for the coveted award again for five years.

The Youngs Rubber Corporation has added to its "drug store only" line a new product, "WASH-UP". . . A moist towelette that quickly cleans and refreshes.

Eastern Shore Pharmaceutical Society

The Eastern Shore Pharmaceutical Society, held a meeting at the Holiday Inn in Salisbury on Sunday, April 12th. A general business meeting and dinner was held early in the evening, followed by an address by Frank S. Balassone, Secretary of the Maryland Board of Pharmacy and Chief, Division of Drug Control.

Mr. Balassone spoke on the illicit refilling of prescriptions. He noted that the "unauthorized refilling of prescriptions by pharmacists has brought much sorrow to pharmacists who have engaged in this practice".

Many successful suits have been brought by the Food and Drug Administration against pharmacists for these loose practices.

He said that "if a prescription does not have any indication for the number of refills, it is perfectly obvious that it should not be refilled."

In addition, he noted that when a patient requests more of a drug, it is necessary to check with the physician for authorization for the refill. For the pharmacist's protection, he should indicate the date and the time and number of refills authorized. "If the physician gives a time limit, indicated over a certain period for a chronic disease, then by all means check with the physician at the end of that period."

Prescriptions should be filled only when there is authorization to do so. "The unauthorized refilling of prescriptions is, in effect, the same as selling a legend or dangerous drug over-the-counter."

Mr. Balassone further noted that judgments in this area have been characterized by heavy fines and in some cases jail sentences.

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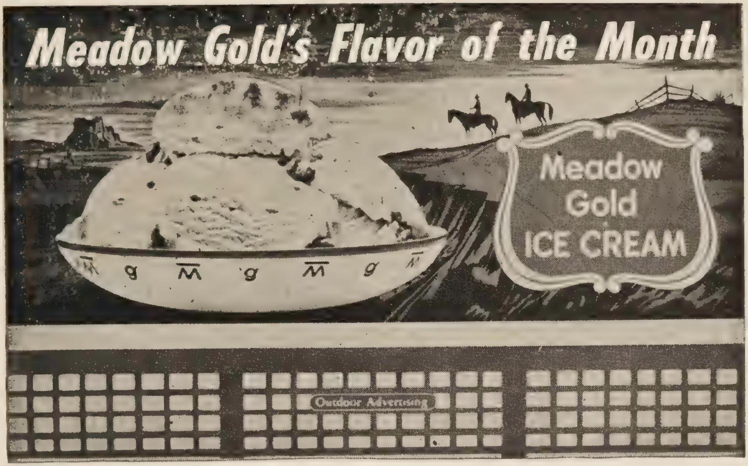
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APhA Retains Special Legal Counsel For Drug Reclassification Project

Michael F. Markel, Washington, D.C. attorney, has been retained by the American Pharmaceutical Association as special legal counsel for the Association's drug reclassification project.

Mr. Markel, a senior partner of the law firm of Markel & Hill, has had extensive experience in drafting food and drug legislation. A graduate of Ohio State University Law School, he was a member of the legal staff of the Food and Drug Administration for several years.

The APhA proposal for a reclassification of drugs in America was first brought to the attention of the U.S. Congress in August, 1963, in testimony before the Senate Subcommittee on Health by APhA House of Delegates Chairman Calvin Berger. The next month, APhA made a formal reclassification proposal to the Senate Subcommittee on Reorganization and International Organizations, to the FDA, and to the Department of Health, Education, and Welfare.

The APhA plan proposes the reclassification of drugs into four classes:

1. To be dispensed on prescription order and renewable at the prescriber's discretion only;
2. To be initially dispensed on prescription order only, but renewable at the pharmacist's discretion;
3. To be dispensed personally by the pharmacist at the request of the patient; and
4. To be directly available to the public without professional direction or control.

Mr. Markel was associated with several New York law firms before establishing his Washington office in 1946. His firm specializes in food, drug and cosmetic law, and laws pertaining to this industry.

He has served as Chairman of the Division of Food, Drug and Cosmetic Law in the Section of Corporation Banking and Business Law of the American Bar Association, and as Chairman of the Committee of Uniform State Laws of the Food, Drug and Cosmetic Laws Section of the New York State Bar Association.

He has been Industry Advisor to the U.S. Delegation to the Codex Alimentarius Commission, a joint FAO-WHO Commission to promote uniform international standards, and participated in its organizational meeting in Geneva, Switzerland, in 1962, and its first regular session in Rome in 1963.

Noxzema Records Progress At Annual Meeting

Sales of the Noxzema Chemical Company rose 5% over 1962 to a record high of $28,518,574, Norbert A. Witt, Noxzema President, reported at the Annual Stockholders' Meeting. Mr. Witt termed the sales increase highly significant in view of the large volume achieved in 1962.

Net income after taxes for the year ended December 31, 1963, however, declined to $1,429,803 from $1,983,374 in 1962. Mr. Witt attributed the earnings decrease to increased investment spending which was soundly and deliberately planned. It was necessary, he told the Noxzema stockholders, to accelerate investment spending in consumer advertising, research, and new products to offset increased competitive activity and strengthen growing consumer demand. "Management's planned policy for increased expenditures during 1963 was dedicated to sound constructive growth for the Company, the benefits from which will be reflected in future sales and earnings," Mr. Witt stated.

Mr. Witt reported to the meeting that current sales volume for 1964 is 10.4% ahead of the same period for 1963.

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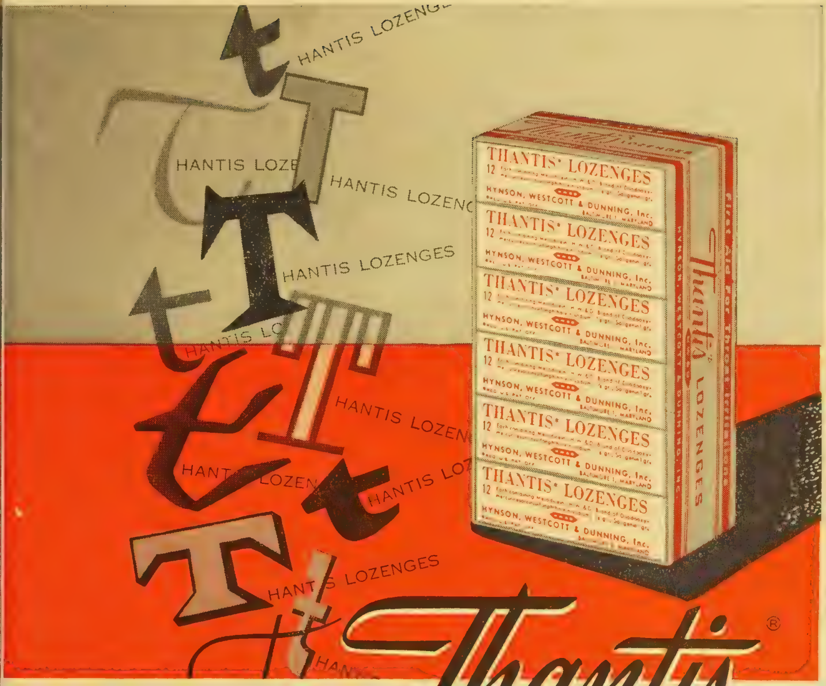
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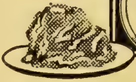

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May 1964

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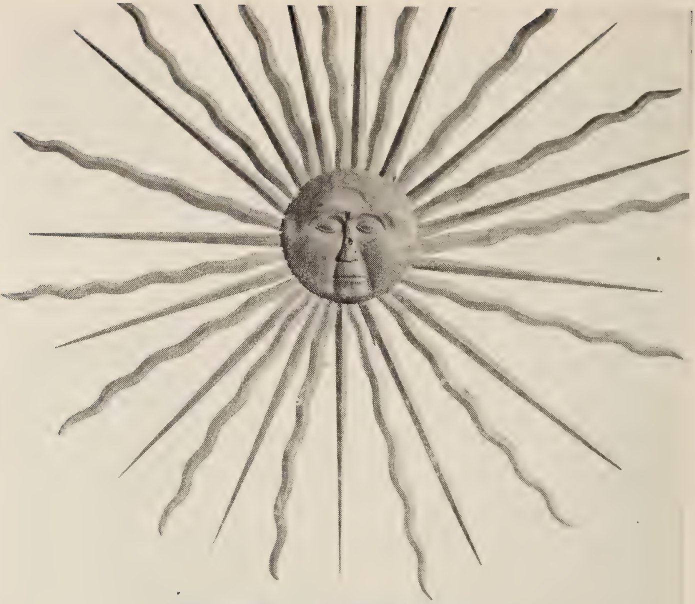

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXIX MAY, 1964 No. 8

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The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price $5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 3, 1879.

Editorial . . . . . .

A number of amendments to the Constitution and By-Laws of the Maryland Pharmaceutical Association have been recommended by the Constitution and By-Laws Committee and approved by the Executive Committee. These amendments were read at the Spring Regional Meeting, mailed to all members and will be acted upon at the business session of the Annual Convention.

The amendment to authorize "reciprocal membership" will permit the Association to enter into agreements with local or specialized pharmaceutical organizations whereby membership in the M.P.A. would be a prerequisite for membership in such other organization and vice-versa.

Action under this amendment is voluntary. It does not require any local group to use the provision. The Eastern Shore Pharmaceutical Society, upon reactivation last year, voluntarily adopted By-Laws requiring membership in the Maryland Pharmaceutical Association as a prerequisite for membership. The adoption of this amendment by the M.P.A. would permit the establishment of a reciprocal membership agreement.

Reciprocal membership is the road to building broadly supported local pharmaceutical organizations in Maryland as well as a freely supported state professional society. This has been the path that has been proven so effective by other health professions, such as medicine and dentistry.

It is the feeling not only of the Executive Committee, representing all areas and local groups, but many rank and file members, that the time has come for all pharmacists to carry their full share of the support of their organizations. For too long a disorganized situation has existed whereby some individuals solely support their local group or the state association, alongside the many others who support both.

Professional maturity indicates the necessity for providing this *machinery for voluntary agreements* between our various groups. This relationship will tend to lessen the divisive and disruptive activities characterizing some spokesmen in Pharmacy. The promotion of harmony in Pharmacy must rest upon the integration of organizational efforts in Maryland.

Now is the time for Maryland pharmacists to take positive and responsible action in advancing toward a unified profession, rather than being absorbed in propagandizing imagined threats to the welfare and autonomy of the local groups. Reciprocal membership will strengthen all without interfering in the internal affairs of any local group.

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Conventions are held to exchange ideas.
It gives you a chance to meet old friends.
You meet other people socially.
You find out how other druggists operate.
You see the Auxiliary in action.
You can relax.
If you miss a Convention—you miss a lot.

Reserve the following dates for the Maryland Pharmaceutical Association's 1964 Convention. Shelburne Hotel, Atlantic City, New Jersey, June 29th, 30th, July 1st & 2nd 1964.

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President's Message . . . . . .

Dear Fellow Members:

As president I would like to bring your attention what has become more obvious to me after serving on the Executive Committee and as an officer for a number of years.

We are faced with a number of tough problems which can only be contended with through a strong pharmaceutical organization. I have seen our membership grow in numbers from 600 Active and Affiliate members at the end of 1961 to 683 as of May 1964. This contrasts with 539 as of May 1963. This includes more than 80 Associate members who faced their professional obligations and have become Active members. In addition to the above figures, we also have our Associate members.

A great deal of credit must go to the members of the Membership Committee, who worked hard to make this record possible.

I believe that if every member would speak to the pharmacists he knows we would consistently advance toward our goal of every pharmacist being a member.

We have many tough problems to solve and situations to improve, but we have been making progress—progress that was possible only through the efforts of our Association.

I am convinced that if we adopt "reciprocal membership" between our state and local associations, we will have a stronger organizational structure. This, in turn, will enable us to better do the job you all want done in Pharmacy.

It is my hope to greet all of you at our Convnetion—a great program has been planned.

Sincerely,

WILLIAM A. COOLEY
President

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"In Unity There Is Strength"

Best Wishes

To the Pharmacists of Maryland

for a Successful

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Secretary's Script . . .

A Message from the Executive Secretary

Our 82nd Annual Convention is geared to grapple with some of the major issues facing Pharmacy today. It will be an opportunity for our members to hear our national leaders, Mr. Willard Simmons, Executive Secretary of the National Association of Retail Druggists, and Dr. William S. Apple of the Americn Pharmaceutical Association, discuss "Pharmacy's Critical Issues—Professional and Organizational".

In addition, a panel discussion of a subject very much in current pharmaceutical headlines will be held. Wilbur E. Powers, Secretary of the National Pharmaceutical Council, will be moderator of a panel on "Is Reclassification of Drugs Necessary?".

An indication of the opportunities for pharmacists to provide additional professional services will be presented. Dr. Peter Lamy of the University of Maryland School of Pharmacy will moderate a panel on convalescent aids, elastic health supports, hearing aids, and medical equipment and supplies.

T.A.M.P.A. and L.A.M.P.A. have arranged enjoyable entertainment for all beginning Sunday evening.

In the meantime, the Association is striving on behalf of Pharmacy on a broad front of activities: legislation, public relations, professional relations, medical care, Quality Stabilization, pharmacy services in hospitals and nursing homes and professional and economic seminars. In addition, of course, we are continuing to provide legal and informational aids, as well as employment service, insurance (life, health, accident, major medical, Blue Cross), pension planning and many others.

We look forward to seeing all of you at the Convention where you can combine participation in your Association's affairs with relaxation and entertainment.

Sincerely,

Nathan I Gruz

Executive Secretary

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3. YOUR CUSTOMER will appreciate your having a record at your fingertips of his family's Rx needs.
4. YOUR PHYSICIANS will look to you for patient/customer information you can supply with SAV-A-TAX.
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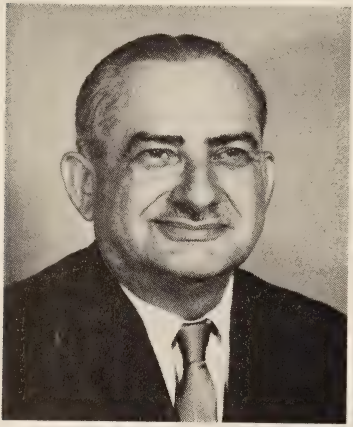
—NOW—

A Message From The General Chairman Of The Convention



SOLOMON WEINER

The 82nd Annual Convention of the Maryland Pharmaceutical Association will be held this year at one of Atlantic City's finest hotels—the Shelburne, on June 29, 30-July 1, 2. This year the Shelburne is completely air conditioned.

A program with many "firsts" has been arranged. For the first time Dr. Apple of the A.Ph.A. and Mr. Simmons of the N.A.R.D. will be present at one time at a Maryland Convention. Other stimulating and valuable programs have been arranged. A breakfast meeting of all officers and executive committeemen of the M.P.A. and local pharmaceutical associations will be held Wednesday, July 1st. Mr. Wilbur Powers of the National Pharmaceutical Council will address the group briefly on vital organizational problems.

The entertainment program is unequaled, beginning with Sunday evening for early arrivals. Of course, the evening at the one-and-only Harlem Club with its unique show will be another first for the M.P.A.

T.A.M.P.A. has been rehearsing for its annual extravaganza for many weeks and will present a wonderful show—full of pleasant surprises.

Of course, T.A.M.P.A. is a most important part of the Convention, helping out not only with the entertainment, but also with the registration desk, hospitality and prizes. My thanks go to President John Cornmesser, Entertainment Chairman Al Callahan, Vice President Herman Bloom and Secretary John Crozier for their devoted efforts on behalf of the success of the Convention.

L.A.M.P.A. provides the necessary ladies touch. This year they also have a first—a meeting and luncheon at the fascinating Smithville Inn. President Ruth Levin and Chairman Sadye Friedman have arranged a fine program.

I truly appreciate the efforts and cooperation of all who have worked so hard for outstanding business and entertainment Convention features, especially to President Cooley and Secretary Gruz.

I look forward to seeing all of you at the Convention.

Sincerely,
SOLOMON WEINER,
General Chairman

L.A.M.P.A. President's Message

I am honored to bring you my second message as President of the Ladies Auxiliary of the M.P.A.

We have had excellent programs during the year and for our Convention a most unusual treat is in store for you. Buses will take the ladies to Absecon, near Atlantic City, where we will meet for our annual "brunch" meeting at Smithville Inn.

Afterwards, a tour of this historic spot, which has many original and restored buildings going back to revolutionary days. There are many quaint and unusual shops to browse in.

MRS. NORMAN S. LEVIN

I am sure all of you will be delighted and enjoy yourselves.

My thanks to the M.P.A. for its cooperation with L.A.M.P.A. during the past year.

MRS. NORMAN J. LEVIN
President

CHANGE OF ADDRESS

When you move—

Please inform this office. "The Maryland Pharmacist" is not forwarded by the Post Office when you move.

To insure delivery of The Maryland Pharmacist and all mail, kindly notify the office when you plan to move and state the effective date. Thank you for your cooperation.

Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street
Baltimore 1, Maryland

SUMMERTIME

Glorious, warm days are here
Time to vacation and relax
Be care-free with ADI.
Let us wrap up your business risks
In our new **Package Policy.**

We will save you premium cost
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Convention Speakers—82nd Annual Convention

Pharmacy's Critical Issues—Professional And Organizational

WEDNESDAY, JULY 1, 1964

Mr. Willard B. Simmon, Executive Secretary, N.A.R.D.
Dr. William S. Apple, Executive Director, A.Ph.A.

Headlining the speaking program are Pharmacy's leaders of the two large national pharmaceutical organizations, Mr. Willard B. Simmons, Executive Secretary, National Association of Retail Druggists, and Dr. Williams S. Apple, Executive Director, American Pharmaceutical Association. This is the first time both have appeared on the same program before a Maryland Audience.

"Pharmacy's Critical Issues—Professional and Organizational" will be the subject of their addresses.

Mr. Alexander J. Ogrinz, Jr., 2nd Vice President of the Maryland Pharmaceutical Association and President of the Maryland Board of Pharmacy will act as discussion leader.

It is hoped that better understanding of many vital issues in Pharmacy, such as affiliation, will be clarified.

WILLARD B. SIMMONS
National Secretary
National Association of Retail Druggists

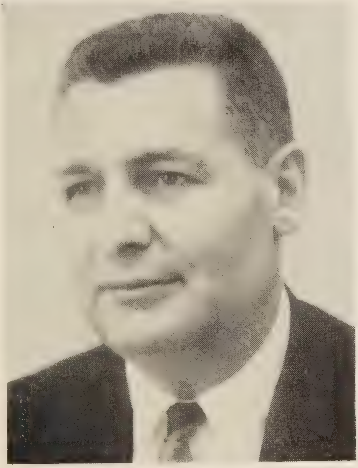
Willard B. Simmons, Executive Secretary of the National Association of Retail Druggists, was the proprietor of a pharmacy at Texarkana, Texas, when he was named to take over the helm of the N.A.R.D. soon after the death of Dr. John W. Dargavel on October 9, 1961. He resigned from the Executive Committee, of which he was chairman at the time, in order to accept the office of executive secretary. He had served on the Executive Committee since 1953 and he joined the official family of the N.A.R.D. in 1950 as fifth vice president.

Mr. Simmons was born in Myrtis, Louisiana, in 1906. Educated in Bloomburg, Texas, public schools, he was graduated from the College of Pharmacy of Little Rock in 1924, and in 1925 he was licensed to practice pharmacy in Texas and Arkansas.

For a time he worked as a pharmacist in his father's pharmacy at Bloomburg. Then in partnership with his father he purchased a small pharmacy in Texarkana, which was rebuilt into a modern establishment and incorporated as the Simmons Drug Company. Mr. Simmons became president and general manager of the firm when he bought his mother's interest after his father's death in 1948. Two brothers are associated with Mr. Simmons in the Simmons Drug Company.

Mr. Simmons served as president of the Texarkana Retail Druggists Association on three different occasions and from 1928 was active in the Texas Pharmaceutical Association and served as a member of the interprofessional relations committee for several years. While he maintained residence in the Arkansas part of Texarkana he served one term as vice president of the Arkansas Pharmaceutical Association.

Active in community affairs, Mr. Simmons is a past president of the Texarkana Lions Club and for two terms he headed the Texarkana Chamber of Commerce. Among the other positions he has held are: director of the East Texas Chamber of Commerce, director of the Bowie County (Texas) Red Cross and president for 15 years of the Miller and Bowie Counties Tuberculosis Association. He has also been active in various other community activities.



WILLIAM S. APPLE, Ph.D.
Executive Director
American Pharmaceutical Association

William S. Apple, Ph.D,. Executive Director of the American Pharmaceutical Association, grew up, was educated in and has spent his working life in the profession of pharmacy.

Dr. Apple is serving his second term as the elected administrative official of the national professional society, having been elected to the APhA post first in 1959, and re-elected for another three-year term as Executive Director in 1962. He served in the APhA Headquarters as Assistant Secretary from 1958 to 1959.

Born in Spokane, Washington, in 1918, Dr. Apple was reared in Duluth, Minnesota. He attended Wayne State University and then transferred to the University of Wisconsin. It was at Wisconsin that he received his Bachelor of Science degree in Pharmacy, his Masters degree in Business Administration, and his Doctor of Philosophy degree. He continues his pharmacy registration in Wisconsin, where he was both a practitioner and consultant.

He served as Head of the Department of Pharmacy Administration at the University of Wisconsin prior to assuming his APhA duties in Washington. Active in Wisconsin pharmacy activities, Dr. Apple served as President, and Chairman of the Board of Directors of the Wisconsin Pharmaceutical Association.

Dr. Apple entered the U. S. Army in 1941 as a private and rose to the rank of major. He served on the staff of Fleet Admiral Nimitz in the Pacific Theater and now holds the rank of lieutenant colonel in the Army Reserves.

His professional and honorary society memberships include Rho Chi and Phi Kappa Phi, and he holds several national pharmacy awards.

Dr. Apple is President of the American Council on Pharmaceutical Education; Vice President and a member of the Executive Committee of the National Health Council. He is the Representative of United States pharmacists on the Council of the International Pharmaceutical Federation.

His home is in Falls Church, Virginia, where he resides with his wife, the former Lucille Josephs, and their daughter, Charlene. Mrs. Apple, like her husband, comes from a pharmacy family.

"Pharmacists Broaden Their Sights—New Professional Services"

TUESDAY, JUNE 30

Dr. Peter P. Lamy, Assistant Professor of Pharmacy, University of Maryland School of Pharmacy, will serve as moderator for a panel presentation on the many facets of new professional opportunities for community pharmacists.

DR. PETER P. LAMY

DR. PETER P. LAMY

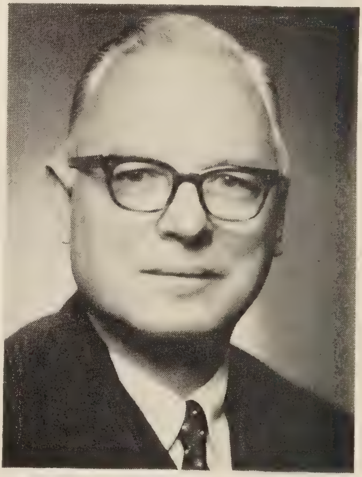
Dr. Lamy, a graduate of the Philadelphia College of Pharmacy and Science, joined the faculty of the University of Maryland, School of Pharmacy, as Assistant Professor of Pharmacy in September 1963.

Dr. Lamy, a native of Germany, was Instructor in Pharmacy at the Philadelphia College of Pharmacy and Science from 1956-June 1963 while pursuing graduate work leading to the M.S. and Ph.D. degrees.

During this time, he also held an appointment as Instructor in Pharmacology at the Woman's Hospital of Philadelphia and as Assistant to the Director of Pharmacy Service, Jefferson Medical College and Hospital in Philadelphia. He has also been active in Community Pharmacy and Industrial Pharmacy.

Dr. Lamy, author of several publications, is a member of several organizations, among them the American Pharmaceutical Association, American Society of Hospital Pharmacists, American Association for the Advancement of Science and Rho Chi.

At the University of Maryland, School of Pharmacy, Dr. Lamy offers instructions to both graduate and undergraduate students and will commence instructions in the new Robert L. Swain Model Pharmacy in September.



HOMER HIGGS

HOMER BIGGS

Mr. Homer Higgs, President of Homer Higgs Associates of New York, will speak on "Convalescent Aids". For many years Mr. Higgs has been closely associated with every phase of pharmacy.

At an early age he decided to pursue this as a vocation and in order to become thoroughly familiar with the intricacies of the profession he worked in a drug store. The knowledge gained in this way helped him in pursuing his education at both the secondary and college levels.

He holds a degree of Bachelor of Arts from Baylor University and in addition a Pharmacy degree. To further his studies he attended the University of Texas and the Graduate School of Business Columbia University, in New York.

Later he became associated with a large Rubber Company, where he was promoted to Division Manager, concerned with both the manufacture and sale of rubber drug sundries. In this capacity he served for 20 years.

Always with a dream of establishing his own business, he formed Homer Higgs Associates, and for the past ten years has enjoyed a continuing expanding business. In addition, he is President of Convalescent Aids, Inc. and Surgical Pharmacy Guild, Inc.

In all of their associations they are continually trying to build the image of the professional pharmacist who is best qualified to serve the public with convalescent and health needs.

Mr. Higgs believes that no one can better serve the community with "Convalescent Aids" than the professional pharmacist.

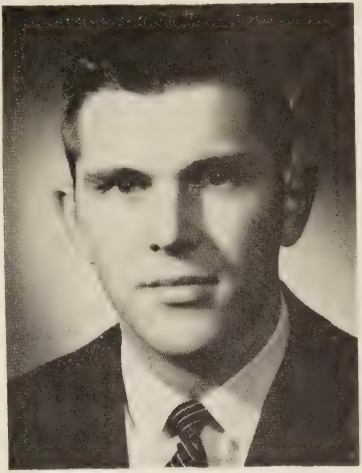
Mr. Higgs is married and has three children. He resides in Milford, Connecticut.

JAMES R. BAIN

The subject of "Opportunities in Elastic Health Supports" will be discussed by James R. Bain, District Sales Manager of Bauer & Black.

Mr. Bain is a graduate of the National Business College of Roanoke, Virginia. He is a member of the American Management Association, Junior Chamber of Commerce and a number of local and state pharmaceutical associations.

His presentation will cover the wide spectrum of the elastic health support business and the opportunities to today's pharmacists in a rapidly expanding market. Mr. Bain uses slides showing graphic examples alongside actual merchandising pieces.



JAMES R. BAIN

ROBERT C. STUART

"Hearing Aids as a Pharmacy Service" will be the professional service area presented by Robert C. Stuart Vice President, Zenith Hearing Aid Sales Corporation, a subsidiary of Zenith Radio Corporation.

Mr. Stuart had been assistant general manager of the Hearing Aid Division of Zenith Radio Corporation from February 1959 to July 1963, when he was appointed to his present position. Prior to that time he had been general sales manager.

Mr. Stuart heads up sales, distribution, advertising, service, administration, rehabilitation, and market research.

Mr. Stuart joined Zenith Radio Corporation in 1953 as the firm's national sales training manager. He organized and developed a radio and television dealer training program. Prior to that time he served as sales manager of the

ROBERT C. STUART

DONALD O. FEDDER

company's distributor in St. Louis, Mo., Hollander & Company, Inc.

A native of St. Louis, Mr. Stuart attended City College where he was awarded a Bachelor of Arts Degree. During World War II, he served four and one-half years in the U.S. Army and attained the rank of Captain.

DONALD O. FEDDER

Mr. Donald O. Fedder, a Maryland pharmacist, operates a pharmacy in Dundalk that is a recognized source of supply for hospital equipment and convalescent aids in a large suburban area. He will speak on "Your Pharmacy as a Headquarters for Medical Equipment and Supplies".

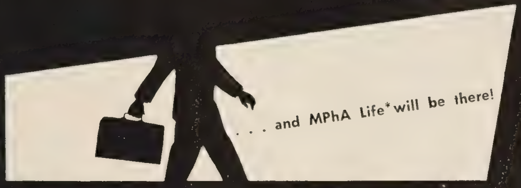
Mr. Fedder graduated from City College in 1944, then entered Western Maryland College as a pre-medical student. After one year there, he was drafted into the Army on August 14, 1945 (VJ Day) and was discharged from the service in 1946. He re-entered Western Maryland College for one semester but transferred to the University of Maryland School of Pharmacy, from which he graduated in 1950.

While still at the University, he married Norma Kolodner in June of 1948. The Fedders have two children.

In May of 1951, Fedder's Pharmacy, then a small store occupying only 1200 square feet, was opened for business.

In 1959 the firm was able to enlarge and rebuild the modern structure that it occupies today. In the same year, a comprehensive line of hospital equipment and surgical supplies was added to the firm's stock. A full line of braces, supports, hospital beds, wheel chairs, walkers, cervical collars and many more items is carried.

Mr. Fedder is on the Executive Committee of the Maryland Pharmaceutical Association, 4th Vice President of the Baltimore Metropolitan Pharmaceutical Association and a member of the A.Ph.A. and N.A.R.D. He is president of the Optimist Club of Dundalk and a member of the Board of Directors of the Dundalk Concert Association.


. . . and MPhA Life* will be there!

To the Members of the Maryland
Pharmaceutical Association:
*Congratulations and best wishes on the occasion of
your 82nd Annual Convention—*

I am looking forward to attending your Annual Meeting, to greeting you in person, and to answering as best I can, any questions you may have about your official life insurance program.

Professional people need life insurance, not only to safeguard their dependents, but also to protect their educational investment—*and over 90% have it.*

If you haven't enrolled in the MPhA Life Plan, the Convention offers the time and the place . . .

Bob Bischoff
Robert I. Bischoff, *Administrator*

*Underwritten by The Minnesota Mutual Life Insurance Co., St. Paul, Minn.

"Is Reclassification Of Drugs Necessary?"

PANEL DISCUSSION - WEDNESDAY, JULY 1

WILBUR E. POWERS

Wilbur E. Powers, moderator of the panel discussion on "Is Reclassification of Drugs Necessary?" will also address the officers and executive committee of our state and local associations at a breakfast meeting.

Mr. Powers holds degrees in chemical engineering from the University of Denver and in pharmacy from the University of Michigan.

He was with the New Jersey Board of Pharmacy for fifteen years, the last ten of which he served as secretary. Since 1954 he has been secretary of the National Pharmaceutical Council, an organization of 23 ethical pharmaceutical manufacturers.

He is registered as a pharmacist in Colorado and New Jersey. He holds membership in many pharmaceutical associations including the A.Ph.A., N.A.R.D., Rho Chi, Kappa Psi and the New Jersey Pharmaceutical Association.

Mr. Powers has held many offices including President National Association Boards of Pharmacy 1955-56, President Society of Mercer County Pharmacists 1957-1958, President New Jersey Chapter A.Ph.A. 1962-1963 and since 1962 a member of the Board of Trustees of the New Jersey Pharmaceutical Association.

His activities in legislation, enforcement, pharmaceutical industry and working with pharmacists in their local and state organizations have given Mr. Powers insight into many of our problems.

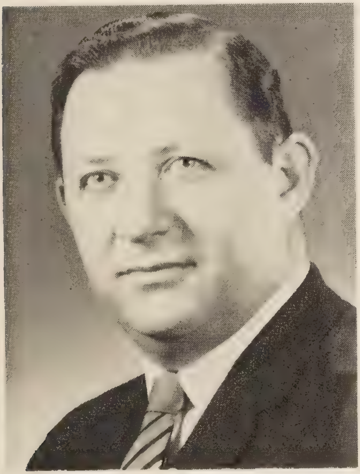
CALVIN BERGER

Calvin Berger, Chairman of the House of Delegates of the American Pharmaceutical Association and member of the New York Board of Pharmacy, graduated from the Columbia University College of Pharmacy and also received an honorary M.S. in Pharmacy from the Philadelphia College of Pharmacy and Science. He is a trustee of the College of Pharmacy, Columbia University since 1945 and currently its treasurer.

Mr. Berger, an owner and operator of a professional pharmacy in New York City, is currently serving his third three-year term as a member of the New York State Board of Pharmacy, a body of which he was formerly president.

He is past president of several pharmaceutical associations including the Pharmaceutical Society of the State of New York. He is also a past president and charter member of the American College of Apothecaries.

Mr. Berger has received the Columbia University Henry Hurd Rusby Award for distinguished service to his Alma Mater and to the profession.

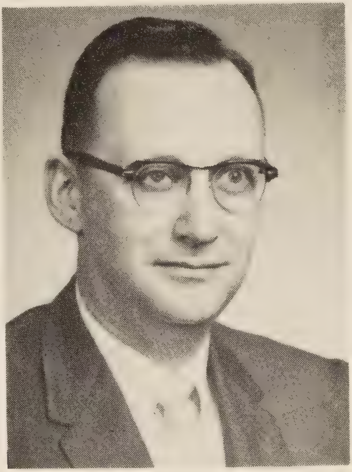


LEONARD ROSENSTEIN

Leonard Rosenstein, Chairman of the Board of Trustees of the New Jersey Pharmaceutical Association and 4th Vice President of the National Association of Retail Druggists, is the owner of a pharmacy in Atlantic City since 1946.

He is a 1943 graduate of Temple University School of Pharmacy and served in the Army from 1943-46, including service overseas with the 5th Infantry Division.

Mr. Rosenstein is a past president of the New Jersey State Pharmaceutical Association as well as of his local society. He has represented Community Pharmacy at the Rutger Conference. He is a member of the American Pharmaceutical Association and many civic and community groups.



DAVID J. KRIGSTEIN

David J. Krigstein, Secretary of the Delaware State Board of Pharmacy since 1961 is also the proprietor of a professional pharmacy in Wilmington.

He graduated with honors from the Philadelphia College of Pharmacy and Science in 1949, where he served as an instructor in pharmacy until 1952.

Mr. Krigstein is serving on the Board of Directors of the Delaware Pharmaceutical Society, is a member of the American Pharmaceutical Association and a Fellow of the American College of Apothecaries.

Program 82nd Annual Convention

MARYLAND PHARMACEUTICAL ASSOCIATION

in conjunction with the Ladies and Travelers Auxiliaries

SHELBURNE HOTEL, ATLANTIC CITY, N.J., June 29, 30—July 1, 2, 1964

Registration in the Lobby beginning 9 A.M. Monday, June 29th

SUNDAY, JUNE 28—SOLARIUM—For early arrivals!

Tournament of Card Games—Surprise Entertainment—Prizes

MONDAY, JUNE 29—FIRST SESSION—KERRY HALL

2:00 P.M. Convention Called to Order—President William A. Cooley
Opening Remarks—President Cooley
Communications
Committee Reports
Treasurer's Report
Report of the Board of Pharmacy—Francis S. Balassone, Secretary, Maryland Board of Pharmacy
Report of the School of Pharmacy, University of Maryland, Dr. Noel E. Foss, Dean
Announcements
Attendance Prizes
Adjournment

ENTERTAINMENT FEATURES:

8:00 P.M. An evening at the fabulous Harlem Club: Larry Steele's Smart Affairs of 1965 starring Brooke Benton, Slappy White and Chorus.

TUESDAY, JUNE 30—SECOND SESSION—KERRY HALL

10:00 A.M. Call to Order—President William A. Cooley
Early Bird Attendance Prize
Invocation
Address of President William A. Cooley
Report of Executive Secretary
Prize Drawings
Joint Drogram of the Maryland Cancer Society & M.P.A.
Panel Presentation:
"PHARMACISTS BROADEN THEIR SIGHTS—NEW PROFESSIONAL SERVICES"
Moderator: Dr. Peter Lamy, Assistant Professor of Pharmacy, University of Maryland School of Pharmacy.
Addresses: Homer Higgs—"Convalescent Aids"
James R. Bain—"Opportunities in Elastic Health Supports"
Robert C. Stuart—"Hearing Aids as a Pharmacy Service"
Donald O. Fedder—"Your Pharmacmy as a Headquarters for Medical Equipment and Supplies"
Announcements
Prize Drawings
Adjournment

ENTERTAINMENT FEATURES:

2:00 P.M.—Poolside dancing lessons and picnic
8:30 P.M.—Convention Films 1963 by George Brandt
9:00 P.M.—TAMPA Extravaganza—Dancing—Prizes

WEDNESDAY, JULY 1—THIRD SESSION—Joint Session with the Maryland Association of Hospital Pharmacists

8:00 A.M. Breakfast Meeting—All officers and executive committeemen — M.P.A. and local associations

10:00 A.M.—KERRY HALL—Call to Order—President William A. Cooley
Presiding—First Vice President Solomon Weiner
Early Bird Attendance Prize
Greetings—Luis Hernandez, President, The Maryland Association of Hospital Pharmacists
Addresses: "PHARMACY'S CRITICAL ISSUES — PROFESSIONAL & ORGANIZATIONAL"
Mr. Willard B. Simmons, Executive Secretary, N.A.R.D.
Dr. William S. Apple, Executive Director, A.Ph.A.
Discussion Leader—Alexander J. Ogrinz, Jr.
Panel Presentation:
"IS RECLASSIFICATION OF DRUGS NECESSARY?"
Moderator: Wilbur E. Powers, Secretary, National Pharmaceutical Council
Addresses: Calvin Berger, Chairman of House of Delegates, American Pharmaceutical Asscociation, Member of New York Board of Pharmacy
Leonard Rosenstein, Chairman of Board of Trustees, New Jersey Pharmaceutical Association, Vice President N.A.R.D.
David J. Krigstein, Secretary, Delaware State Board of Pharmacy
Prize Drawings
Discussion Period on Panel Presentation
Announcements
Prize Drawings
Adjournment

10:30 A.M.—LAMPA Annual Meeting. Buses leave for historic Smithville Inn.
Brunch, tour, prizes, gifts

ENTERTAINMENT FEATURES:

9:00 P.M.—Professional Variety Show. Entertainment—Dancing—Prizes
11:00 P.M.—Presidential Cocktail Party—Courtesy Youngs Rubber Company

THURSDAY, JULY 2—FOURTH SESSION—KERRY HALL

10:00 A.M.—Call to Order—President William A. Cooley
Early Bird Attendance Prize
Communications
Memorial Services
Report of Nominating Committee
Election of Officers and Members of the Executive Committee
Election of Nominees for State Board of Pharmacy
Prize Drawings
Adjournment of the Convention

10:30 A.M. T.A.M.P.A. Annual Meeting—Brady Room
2:00 P.M. Meeting M.P.A. Officers and Executive Committee—Brady Room

ENTERTAINMENT FEATURES:

6:00 to 7:00 P.M.—Cocktail Party—Courtesy Calvert Drug Company, Henry B. Gilpin Company, Loewy Drug Company, Muth Brothers and Company and The Washington Wholesale Drug Exchange

7:00 P.M. Annual Banquet
Pharmacy Week Awards
Installation of Officers

PLEASE NOTE: Badges Must Be Worn At All Times.

Banquet Tickets Available For Those Not Registered at the Shelburne at $15.00 per person. The Banquet is considered as Part of the Hotel Convention Rate.

Breakfast will be served from 8:00 to 11:00 A.M.

Dinner will be served from 6:00 to 8:00 P.M., or as noted in program.

Donors of gifts, prizes and favors shall be announced throughout the events of the Convention.

• T.A.M.P.A. TATTLER •

OFFICERS OF THE TRAVELERS AUXILIARY
MARYLAND PHARMACEUTICAL ASSOCIATION 1963-1964

Honorary President—JAMES A. ALLEN*
President— JOHN G. CORNMESSER
First Vice Pres.—ALFRED E. CALLAHAN
Second Vice President—HERMAN BLOOM
Third Vice President—FREDERICK H. PLATE
Secretary-Treasurer—JOHN A. CROZIER
Asssitant Sec.-Treas.—William L. Grove

Directors
Chairman, H. Sheeler Read

For One Year	For Two Years	For Three Years
William A. Pokorny	Bernard A. Appel	Howard L. Dickson
Alan L. Settler	Swen Justis	Frank J. Slama
Robert Tobias	Kenneth L. Whitehead	Robert A. Williams

*Post-Humously

Maryland Pharmacist Committee
Wilson Spilker, Chairman
Lou Rockman
Frank J. Slama, Board Advisor
Sam Sieger

Volume 22 MAY, 1964 No. 7

T.A.M.P.A. President's Message

JOHN G. CORNMESSER

I consider it an honor to have served as President of the Travelers Auxiliary. It has been a great privilege as well as a pleasure to work with the officers and members of the Maryland Pharmaceutical Association.

I have been fortunate in having very capable assistance from my fellow officers and members in T.A.M.P.A. They have helped make our program a success.

All have worked hard for the T.A.M.P.A. Show under Chariman Al Callahan, with the assistance of Bernie Ulman and Herman Bloom. My thanks also go to our Secretary-Treasurer, John Crozier, for his guidance and efforts.

A glance at the entertainment program indicates a great time for all from Sunday evening through Thursday night.

The great T.A.M.P.A. extravaganza will take place Tuesday night. Thursday at 11:00 A.M. the T.A.M.P.A. 48th Annual Meeting will be held with election of officers.

There will be fun for all at the Convention. It's time for fellowship so I'll see you all in Atlantic City.

Sincerely,

JOHN G. CORNMESSER
President

T.A.M.P.A. 1964 Convention Committees

Contributions Committee: Bernard Ulman, Sr., Joseph L. Muth, John A. Crozier.

Publicity Committee: Edwin M. Kabernagel, Frederick H. Plate, Kenneth L. Whitehead, C. Wilson Spilker.

Banquet Committee: George S. Euler, George M. Brandt, George H. A. Kommalan.

Registration Committee: Louis M. Rockman, Chairman; John A. Crozier, Joseph J. Hugg, John G. Cornmesser, H. Sheeler Read.

Prizes and Awards Committee: John A. Crozier, Chairman; Louis M. Rockman, John G. Cornmesser, H. Sheeler Read.

Attendance Committee: Laurence A. Rorapaugh, Robert Tobias, Robert A. Williams, Edwin M. Kabernagel.

Entertainment Committee: Alfred E. Callahan, Chairman; Herman Bloom, Bernard Ulman, Jr., Howard L. Dickson, Leo Kallejian, George H. A. Kommalan.

T.A.M.P.A. Ladies Day

The Annual T.A.M.P.A. Ladies Day was held on Saturday, May 16th at the Turf Vally Country Club. Instead of a speaker for the day a surprise was in store for the women, as T.A.M.P.A. put on a Pass-Word Contest with prizes. This way each lady present became a contestant, and did her very best to win a prize. All ladies, even though a loser, received a gift for the day. Everyone present seemed to enjoy themselves, so that again T.A.M.P.A. will probably look forward to having a Spring Ladies Day again next year.

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Drug Store Changes

The following are changes in drug stores for the month of April:

New

Finksburg Pharmacy, Arnold L. Amass, President, Route #140, Finksburg, Maryland.

Beacon Pharmacy, Stanley J. Yaffee, President, 1133 Annapolis Road, Odenton, Maryland.

Closed

Suburban Pharmacy, Samuel J. Tamburo, Proprietor, 600 Reisterstown Road, Pikesville, Maryland 21208.

Change of Ownership

Chestnut Pharmacy, Inc., Ronald A. Lubman, President, 801 W. 36th Street, Baltimore, Maryland 21211; Formerly, Tennant's Professional Pharmacy, Inc., Margaret S. Tennant, President.

Carter Drug Company, Arthur Koplin, President, 524 N. Gay Street, Baltimore, Maryland 21202; Formerly, Carter Drug Company, Leon Goodman, Proprietor.

Hudson's Pharmacy, Inc., Donald R. Young, President, Talbot Street, St. Michaels, Maryland; Formerly, Hudson's Pharmacy, Hugh E. Hudson, Proprietor.

The following are changes in drug stores for the month of March:

Super Giant Professional Pharmacy, Nehemiah M. Cohen, Pres., At Arliss Street between Piney Branch Road and Flower Avenue, Takoma Park, Maryland.

Tenley Pharmacy, Benjamin P. Bourne, Pres., 50 W. Edmondston Drive, Rockville, Maryland.

Closed

Prag's Pharmacy, Jean S. & John S. Prag, Props., 628 Race Street, Cambridge, Maryland.

Change of Ownership

North-East Pharmacy, Inc., Felix R. Crovetto, Pres., 28 S. Main Street, North-East, Maryland. Formerly, Milton M. Waxman, Proprietor.

Change of Address

Aero Pharmacy, Jack Barshack, Prop., 2100 Orems Road, Baltimore 20, Maryland. Formerly located at 1431 Fuselage Avenue.

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No. 2 Tablets 100s ☐ 1000s ☐

Allbee® with C
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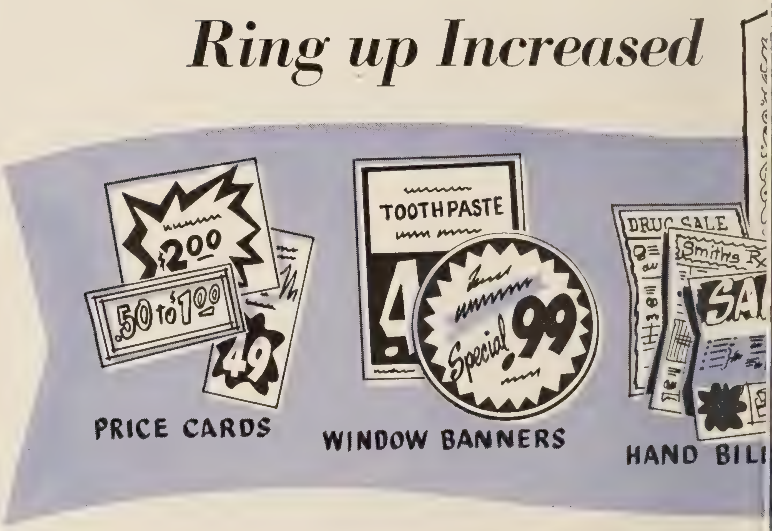

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Vanishing Creams

by **B. F. ALLEN***

A simple vanishing cream formula (oil-in-water emulsion type) usually consists of a fatty acid (stearic acid), alkali (potassium hydroxide), humectant (glycerin), emollient (lanolin), preservative (methylparaben), and perfume (rose). However, many modifications in this basic formula have been made with substitute materials, as well as nonionic emulsifying agents replacing the alkali.

Although the formulation of a vanishing cream is not complicated and the manufacturing process does not involve special manipulation, it is not so simple to always obtain a completely satisfactory cream and many defects can appear.

Vanishing creams which are based on the popular stearic acid have been defined as "suspensions of stearic acid in a stearate soap." However, because of developments in the supply of raw materials available to the cosmetic industry, the above definition requires many amendments.

Among the important physical effects accompanying the external application of a vanishing cream are: (1) skin temperature decrease, and (2) an invisible film on the skin after the water evaporates. The first effect is useful in a pharmaceutical preparation since it allows heat in inflamed areas to be more easily dissipated. The second effect is of value in a cosmetic product such as a foundation cream which is applied on the face.

The consistency of a vanishing cream is governed by: (1) the amount, kind and brand of fatty acid or alternative; (2) the type of alkali; (3) the proportion of water; (4) the amount of auxiliary substances; and (5) manipulation, including the degree of aeration.

The choice of alkali is extremely interesting when all of the other variants are eliminated or standardized. A vanishing cream (based on stearic acid) usually contains from 13 to 25 per cent of stearic acid, 15 to 30 per cent of this amount being saponified. The various alkalies used include potassium and sodium hydroxides, potassium and sodium carbonates, triethanolamine, borax, aqueous ammonia, and 2-amino-2-methyl-1, 3-propanediol.

Insofar as consistency is concerned, the sodium soaps make hard creams, the potassium soaps give soft creams, the triethanolamine soaps between these extremes, the carbonates liberate a gas and produce a spongy type of product. The ammonia and "propanediol" compounds produce a cream of approximately the same character as the triethanolamine soaps. However, the ammonia creams when exposed to the air for any length of time have the tendency to darken. Also, more satisfactory creams are often produced by the use of alkali mixtures rather than from a single one. Two types of soap give greater stability than either alone.

Vanishing creams emulsified by nonionic emulsifiers have some definite advantages over the creams saponified by soaps. The main advantages are: (1) they show a markedly increased resistance to freezing and high temperature; and (2) exceptional stability to acidic materials.

A highly desirable physical characterestic in a vanishing cream is the pearly or satin-like sheen that is associated with product excellence. This luster or glossy effect is believed to be due to : (1) the formation of acid soaps under certain conditions; (2) the fatty acid crystallizes out in fine small flakes; (3) the absence of interfering substances; and (4) possibly, the humec-

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*Associate Professor of Pharmacy, University of Maryland, School of Pharmacy.

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tant. The manufacturing procedure also influences the development of pearliness. The mixing of the cream 24 hours or more after manufacturing will often produce this phenomenon.

Being oil-in-water type emulsions, vanishing creams are capable of drying up in the jar during storage. When a jar of this preparation is left uncovered or improperly closed, the cream soon dries up until it shrinks away from the side of the jar, cracks or fissures appear on the surface, and the product loses its creamy consistency. To prevent the above, a humectant or some other material (film-former) is a necessity in a vanishing cream.

A "basic" vanishing cream formula (composition: stearic acid 20.5, potassium hydroxide 1.5 and water 78) can be converted into other cosmetic creams, as well as dermatologicals, by simple modifications.

To convert the above formula to a cleansing cream add approximately 7 per cent isopropyl palmitate, 20 per cent light mineral oil, 3 per cent paraffin, and a sufficient quantity of perfume and pigment (color).

A dermatologic such as Kummerfeld's cream can be easily formulated by combining the "basic" vanishing cream with an equal quantity of Kummerfeld's lotion.

Soft vanishing creams have also been called "snows" and "foams." They are usually made with a combination of potassium and sodium hydroxides or triethanolamine, and performed with witch hazel or rose. One popular commercial product (now discontinued) also contained 5 per cent alcohol.

Facial creams are widely used as a powder base or as a foundation cream. It leaves a dry film to which the powder will cling, and it smooths the skin to give a fine, sleek appearance. To make a facial cream, the formula for a vanishing cream may be modified to give softer consistency and greater spreading power. The softer consistency is obtained by choice of emulsifier, and the spreading quality by addition of a small amount (1 per cent) of a thin, oil-like material such as isopropyl palmitate, with increased humectant.

Foundation creams (oil-in-water emulsion type) often contain 7 per cent of a white pigment such as titanium dioxide. However, colored pigments are sometimes added. Also, the water in the applied film readily evaporates so that the powder makeup can be applied almost immediately with good adhesion.

So-called "soap-free" vanishing creams are produced with nonionic surfactants. This type of cream is useful in compounding the following prescription: salicylic acid 1, boric acid 5, quinine bisulfate 2, oxyquinoline 0.1, and vanishing cream base to make 30.

Hand creams, from a formulation point of view, are modified vanishing creams, these modifications depending upon the different requirements for creams applied to the hands as compared with face creams, etc. Physically, hand creams may be much harder than an ordinary vanishing cream, but must be readily spread and must not show any rolling (or balling) effect. A large amount (10 per cent or more) of glycerin has been incorporated to combat any rolling tendencies. Natural and synthetic gum-like materials are often added in the form of a mucilage to produce non-greasy lubricant and emollient effects.

A vanishing-type hand cream usually contains less soap-like constituents than an ordinary vanishing cream. Also, to enhance the beautifying action, titanium dioxide (0.5-1 per cent) is added to produce a temporary whitening effect when the cream is applied.

An emollient vanishing cream (greaseless lanolin cream) can be formulated by adding 1 to 1.5 per cent of lanolin to an ordinary vanishing cream. This is easily accomplished since the emollient action of lanolin is evident when only a small proportion is present. Certain of the newer lanolin derivatives, free from the stickiness and odor of lanolin itself, may also be used as components of such a cream. Also, it has been stated that formulas of this type are excellent for use on sunburned skin, because lanolin is absorbed and soothes the reddened skin. Similar compositions intended to improve the flexibility and elasticity of the skin have been called skin softening creams.

So-called medicated creams intended for the relief or treatment of chapped skin, sunburn, skin pimples, insect bites, and tired feet have been manufactured by the addition of approximately 5 per cent of a popular medication mixture (composition: menthol 5, camphor 5, phenol 3, clove oil 3, and eucalyptus oil 5) to a "basic" vanishing cream formula. Some of these products have been described as skin creams or all-purpose beauty creams of the vanishing type formulated with an ammonia solution as the alkali and oleic acid as the fatty acid. (Among the functions of an all-purpose cream are usually listed: skin cleanser and softener, base for face powder). Ammonia (ammonium soap) produces creams which have a pronounced emollient action on the epidermis.

The composition of many hormone-containing preparations indicates the use of skin cream bases of the vanishing-type. Skin bleaching agents (concentrations range from 1 per cent to 10 per cent) have been used in vanishing cream bases. Cream rouges, vanishing cream with pigments added, are often preferred because they lack greasiness associated with other types of rouge.

The formulations presented in this article are for the most part merely a brief survey of the application of vanishing cream products. Many of the applications in cosmetics have interesting parallels in the formulation of pharmaceutical specialties.

Recently, it has been publicized that the pharmacist can turn his back on the supermarkets and hope they'll go away, or face them and win. It was further stated that there is only one profitable choice, the pharmacist must install his own line of "private label" household remedies, and win in three important ways: (1) bulk buying increases profit margin; (2) your own distinctive bottle and label puts your pharmacy name and address into the household medicine chest; (3) you put employees' idle time to profitable use by in-store bottling and packaging.

For example, an interested practitioner could very easily introduce a line of modified vanishing creams such as a witch hazel cream (composition: stearic acid 10, monohydrated sodium carbonate 0.8, glycerin 1.5, hamamelis water 50, and water to make 100) as a practical approach opening an era in the creation of cosmetic-like specialties by the pharmacist.

The wide usage of vanishing creams as a water-washable, greaseless, stainless, emulsion-type, non-sticky nor pasty base is partly illustrated in the following commercial products (medicinal agents in parentheses): A-FIL DARK (5 per cent menthyl anthranilate and 5 per cent titanium dioxide); ARISTOCORT (0.5 per cent triamcinolone acetonide); COUNTERPAIN (methyl salicylate, eugenol and menthol); DESENEX OINTMENT (5 per cent undecylenic acid and 20 per cent zinc undecylenate); FURACIN CREAM (0.2 per cent nitrofurazone); FURASPOR CREAM (1 per cent nitrofurfuryl methyl ether); HYBURQUIN CREAM (0.5 per cent hydrocortisone, 3 per cent iodochlorhydroxyquin, 5 per cent liquor carbonis detergens and 2.5 per cent Burow's solution); L.C.D. COMPOUND OINTMENT (5.83 per cent coal tar solution, lanolin and menthol); MYCIGUENT CREAM (5 mg. per gram neomycin sulfate); SEBICAL CREAM (2 per cent allantoin, 1 per cent hexachlorophene, and 2 per cent coal tar extract); TARQUINOR (1 per cent coal tar and 0.2 per cent chlorohydroxyquinolin); TASHAN (each gram contains 50 mg. d-panthenol, 10,000 U.S.P.

units vitamin A, 1,000 U.S.P. units vitamin D_2, and 5 I.U. vitamin E); TIMOFAX OINTMENT (10 per cent undecylenic acid); TRIBURON CREAM (0.1 per cent triclobisonium chloride and 1 per cent hydrocortisone).

That common disease of infants, eczema, which causes a patch of skin to become red and inflamed, was discussed recently in an article by a physician. Often it is hard to say what is the cause in a particular case. By way of treatment the doctor will try to avoid local irritants or foods to which the child is sensitive. He may apply remedies to relieve itching or to relieve infection if it should appear. It is interesting to note that a useful ointment (which often quickly clears up the eczema) contains an extract of tar in a vanishing cream base. However, before applying the ointment crusts may have to be washed off the skin.

Many liquid creams, often termed lotions, are merely liquefied vanishing creams. The advantages of these products as against solid creams are that they may be applied easily and uniformly over large surfaces of the skin, they are more easily absorbed and may be spread out in very thin layers. Their popularity arises from these advantages and there are a great number of products currently available on the market. Liquid cleansing creams and so-called moisturizing lotions (to counteract skin dryness) are among the numerous cosmetic products which are designated as liquid creams.

Beauty specialists attempt to conquer oily, clogged skin problems by the application of a creamy liquid cleanser that flows deep into the pores and dislodges the dirt "glued" in by oil. A moisturizing formula is intended to work both inside and outside the skin. The film formed protects the natural moisture that accumulates deep inside the skin, and holds the moisture of the air to the skin.

Elaborate laboratory experiments using nuclear tracers have been used to measure skin penetration by the so-called beauty-moisturizers. However, a very simple and easy penetration test can be conducted as follows in order to obtain some comparative data: Pour a small quantity of product on a handkerchief stretched over a jar and record the time required for the preparation to penetrate the fiber (product goes down into the container).

Semi-fluid creams for the correction of dry and aging skin are applied under makeup. A skin conditioner of this type has even contained vitamins A, D and E to "normalize" dry and oily skin on contact.

Semi-solid suntan creams packed in a plastic squeeze bottle which dispenses a few drops at a time have been popular in recent years. Preparations for this type of packaging are rather thick liquids or semi-solid creams which can be dispensed and applied to the skin without dripping or spilling. This is an advantage over an aerosol suntan product which is often wasted if a breeze is blowing when the spray is applied.

The following are examples of some "specialty" formulations (perfume and preservative omitted): PEARLY VANISHING CREAM—stearic acid 16, sorbitan monooleate 2, cetyl alcohol 1, mineral oil 1.2, glycerin 6, potassium hydroxide 0.6, and water 73.2; HOT POUR VANISHING CREAM—stearic acid 18, mineral oil, lanolin 0.5, sorbitan sesquioleate 2, potassium hydroxide 0.7, sorbitol solution 3.7, and water 73.1; SOAP FREE VANISHING CREAM—stearic acid 15, isopropyl palmitate 1, sorbitan monostearate 2, polyoxyethylene sorbitan monostearate 1.5, sorbitol solution 3, and water 77.5; NON-PEARLY VANISHING CREAM—self emulsifying glycerylmonostearate 14, lanolin 2, glycerin 4, and water 80; LIQUID CREAM—stearic acid 6, oleic acid 1, lanolin 2, cetyl alcohol 1, mineral oil 2, triethanolamine 1.5 and water 86.5.

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Notes On The History Of Pharmacy In Maryland

GENEROSITY OF GRADUATES AND FRIENDS OF PHARMACY

By B. Olive Cole

When one thinks of the great endowments given to health groups by alumni and friends, pharmacists are often wishful that such lavish generosity would be shown to the profession of pharmacy. However, when one considers the more or less limited position of pharmacy in comparison with some larger institutions, the many gifts and provisions made for the progress of pharmacy in Maryland should be noted with great interest.

Early in 1927 Captain Isaac E. Emerson gave the School of Pharmacy a sum of money to establish the Professorship of Pharmacology. The professorship was installed in 1930, after arrangements were made for laboratory space, equipment and materials. The Professorship of Pharmacology in the School of Pharmacy of the University of Maryland was one of the first such professorships in schools of pharmacy in this country and is greatly appreciated as a definite course in the school.

Also in 1930 Dr. H. A. Dunning, who was graduated from the Maryland College of Pharmacy in 1897 and who was an Associate Professor of Chemistry early in his pharmaceutical career, provided a sum of money to establish and maintain a research fellowship in Pharmaceutical Chemistry, which he endowed before he passed away.

This Research Fellowship has been of assistances to a score of pharmacy students, assisting them to acquire M.S. and Ph.D. degrees, and providing them with the capacities and opportunities to take their places in research, in pharmaceutical and chemistry manufacturing establishments, and in teaching.

A. I. P. Formation

Dr. Dunning was always interested in education and progress in pharmacy, as evidenced in his planning of the American Institute of Pharmacy in Washington, which has been of great use to national pharmacy, and also the erection of the Kelly Memorial Building on the Baltimore campus of the University of Maryland, which has been of great service to the pharmaceutical associations and the pharmacists of Maryland.

In appreciation of Dr. Dunning's great interest in education, the School of Pharmacy building erected on the Baltimore campus in 1948 was named the Dunning Science Building.

A check for $2500.00 for books for the Library of the School of Pharmacy was presented by the Alumni Association of the School of Pharmacy when the then new building was dedicated on May 10, 1930. The project was started in 1927 when Dr. John C. Krantz, Jr. was president of the Alumni Association and continued by succeeding presidents—Lawrence S. Williams and Aquilla Jackson. President Pearson mentioned the gift at the dedication exercises of the new building.

Professional Drug Store

Mr. August Kach, who graduated from the Maryland College of Pharmacy in 1882, operated a strictly professional drug store at Fort Avenue and William Street for nearly fifty years. He acquired the store from Jacob Kach in May 1892, which store was listed in the Baltimore City Directory of 1900 through 1920.

On May 22, 1930 Mr. Kach invited Dean A. G. DuMez and the Secretary of the Alumni Association of the School of Pharmacy to visit him in his store. He proudly showed the store and his library and stated that he wished to donate the library, which consisted of more than 700 volumes of pharmaceutical botany and related subjects, to the School of Pharmacy of the University of Maryland.

The collection included many rare and valuable books, and was conservatively valued at $5000.00, including six volumes of Charles F. Millspaugh's American Medical Plants; an illustrated and descriptive guide to the American plants used as remedies, their history, preparation, chemistry and physiological effects; John C. Loudon's 1855 Encyclopedia of Plants; and "Kreuterbuch Knustliche Counterfeytunge der Baume" by Lonicerum, 1587. This volume is more than 375 years old and contains many beautiful examples of wood engraver's art.

Library Addition

Mr. Kach died on April 2, 1940. He bequeathed the library to his wife Blanche A. Kach with instructions that it be given to the School of Pharmacy upon her death.

Mrs. Kach, being a cautious person and of a practical turn of mind, gave the Library to the School of Pharmacy on February 7, 1941, saying she feared that some unforeseen injury might be done to the books if kept in her possession. Along with the books came a solid mahogany bookcase with leaded glass doors, a mahogany desk, forty mahogany sectional bookcases, chairs, desk lamp, several valuable pharmaceutical show globes, an enlarged framed photograph of Mr. Kach, his diploma and certificate of registration.

A bequest was made to the Board of Regents of the University of Maryland of $2000.00 for maintenance of the August Kach Memorial Library of the School of Pharmacy.

Room for Library

The collection was placed in a separate room on the fourth floor of the Pharmacy Building at 32 S. Greene Street, Baltimore, Md. Mrs. Kach also provided a rug for the floor of this room.

Mrs. Kach was a guest of the Alumni Association of the School of Pharmacy at the annual affair following the donation of the library and many friends recall her happy and gracious presence on that occasion. She died on October 23, 1946.

These books are now available for inspection and use in the Health Sciences Library of the professional schools of the University of Maryland, 111 S. Greene Street, Baltimore, Md.

Portrait Presented

On May 31, 1935 Dr. Alfred R. L. Dohme presented to the University of Maryland the portrait of his father, the late noted pharmacist of Baltimore, Charles Emile Dohme. Dean Andrew G. DuMez was director of the unveiling ceremonies, and the portrait was officially accepted by Dr. Raymond R. Pearson, President of the University. The life and work of this well-known pharmacist were reveiwed by Doctors D. M. R. Culbreth and Charles C. Neal.

Truly a pioneer of manufacture and standardization of medicinal preparations, Mr. Dohme was born in Obernkerchen, Germany on March 12, 1843. He studied at Knapp's Institute in Baltimore and was graduated from the Maryland College of Pharmacy in 1862.

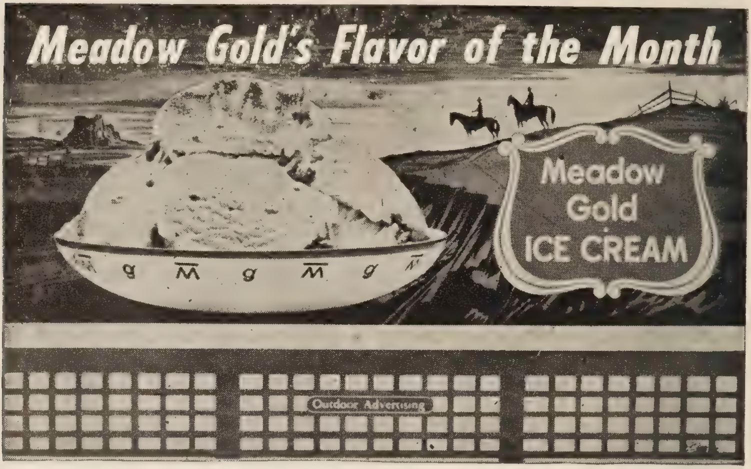
He became a partner, later vice president, and then president of Sharp & Dohme, Manufacturing Pharmacists. His pharmaceutical career was characterized by a strict code of ethics and a love for his profession.

He endeavored to establish cordial relations between the faculty, the College and the students, the raising of standards in pharmacy and the encouragement of young men who gave special promise in pharmacy.

A.P.A. President

Mr. Dohme was elected President of the American Pharmaceutical Association in 1898. For twelve consecutive years he served on the Council of the American Pharmaceutical Association, and in 1901 was elected Chairman of the Board of Trustees of the U. S. Pharmacopoeial Convention, and had a share in the work of bringing out the Spanish translation of the Pharmacopoeia.

He was President of the Maryland College of Pharmacy from 1897-1906 and was prominent in the amalgamation of the Maryland College of Pharmacy with the professional schools of the University of Maryland.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Balance of 2 year term
JOSEPH H. MORTON
JOHN F. NEUTZE
JACOB L. RICHMAN
WILLIAM C. ROSSBERG

For a 2 year term
CHARLES A. NITSCH
JOSEPH L. OKRASINSKI
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MEYER STOLER

Ex-Officio—FRANCIS S. BALASSONE

PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

It is now about midway in my term of office and, while much has been done, much, much more remains to be accomplished. I wish I could report sensational accomplishments to you, like the passage of the Quality Stabilization Bill or the passage of a pharmacy ownership bill. However, please rest assured your officers are constantly working for your interests. If I sound repetitious, it is only because I feel it is so important that you support the Association by attending our regularly scheduled meetings and send in your dues promptly. An association is only as strong as the support it received from the membership. Your officers are all independent pharmacists and pharmacy proprietors and are keenly aware of the problems facing us, but we must have your help and cooperation.

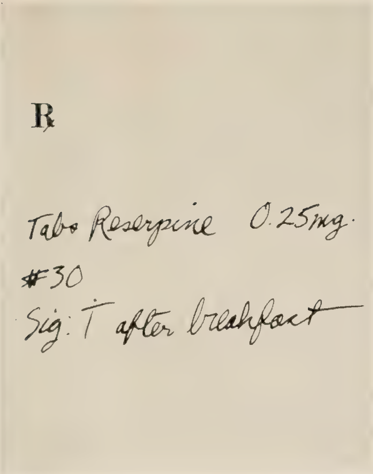
Make plans now to attend the Convention of our parent association—the Maryland Pharmaceutical Association—in Atlantic City, June 29, 30-July 1, 2. The Convention has been designed to help each and everyone of you, as well as giving you a well dseerved rest and a great program of entertainment in the evenings after the enlightening business programs of the day. Don't pass it up—it is not the same old thing. Make your reservations now.

Another important must—in August Don Fedder and his committee are bringing you a Drug and Gift Show that will help immeasurably in keeping you abreast in today's keen merchandising market. The place is the same—BLUE CREST NORTH—and you can't afford to miss it. Your attendance is a must both for yourself as well as your Association. Show our exhibitors that the Independent Pharmacist has not quit—but is very much alive.

The Supreme Court has just ruled that the Ohio Fair Trade Law is constitutional. The fight for the Quality Stabilization Bill must be carried on!

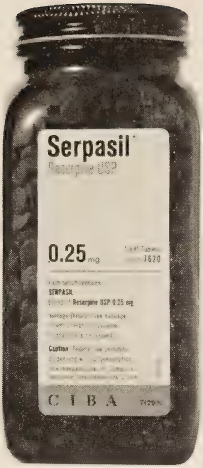
Sincerely,

IRVING I. COHEN
President



℞

Tabs Reserpine 0.25mg.
#30
Sig: Ⅰ after breakfast



Why fill this generic Rx from this bottle?

More than 100 good reasons—based on quality control alone—could be given. Serpasil (reserpine) raw materials and intermediates must pass 97 exacting tests. The tablets must pass an additional 10 tests. Typical results show assay variation of usually not more than 2 per cent.

The result of all this careful testing is simply this: the patient—your customer—gets precisely the medication the doctor ordered, in its purest form.

Simplified Inventory: Serpasil (reserpine) not only assures you quality and purity but the widest range of strengths and dosage forms—to meet the requirements of every generic prescription for reserpine. You can ease a lot of inventory headaches by relying on this product to fill generic Rx's.

SUPPLIED: *Tablets,* 2 mg. (white, scored); bottles of 100 and 1000. *Tablets,* 1 mg. (white, scored), 0.25 mg. (white, scored) and 0.1 mg. (white); bottles of 100, 500, 1000 and 5000. *Elixir* (reddish-brown, cola-flavored), 1 mg. per 4-ml. teaspoon; bottles of 1 pint and 1 gallon. *Elixir* (green, lemon-lime flavored), 0.2 mg. per 4-ml. teaspoon; bottles of 1 pint. *Parenteral Solution:* Each ml. contains 2.5 mg. reserpine, 0.1 ml. dimethylacetamide, 10 mg. adipic acid, 0.1 mg. versene, 0.01 ml. benzyl alcohol, 0.05 ml. polyethylene glycol, 0.5 mg. ascorbic acid, and 0.1 mg. sodium sulfite in water. *Ampuls,* 2 ml.; cartons of 5 and 50. *Multiple-dose Vials,* 10 ml.; cartons of 1, boxes of 6 and 50.

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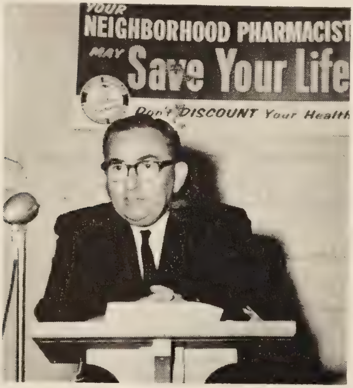
NEWS ITEMS ......

B.M.P.A. Monthly Meeting

The regular meeting of the B.M.P.A. on May 28th was held at the Kelly Memorial Building and featured programs devoted to both professional and competitive problems.

The Maryland Division of the American Cancer Society presented a film, "Time and Two Women" on the "Pap" smear. Dr. Conrad G. Julian, a graduate of the Johns Hopkins Medical School and Chief of the Gyneocological Radium Clinic at Johns Hopkins Hospital, addressed the meeting. Dr. Julian spoke on the role of the pharmacist in the campaign to detect and prevent cancer, especially in women, by counseling their patrons to seek professional medical care.



HERMAN BLOOM

In the second part of the meeting, Herman Bloom of Paramount Photo Service spoke on "Photofinishing 1964—Get the Facts and Reap the Profits". He told of the many competitive challenges in the changing photofinishing business which are a threat to pharmacies. The main competition is mail order photo finishing. Discount houses and price cutters are second.

Photofinishing business is growing. Eastman Kodak statistics show that dollar volume in 1963 was up 32% above 1955 but in spite of this drug store dollar volume was down 10% over the same period.

It is important that pharmacies be alert to developments that could undermine the traditional role of pharmacies in the photofinishing business.

L.A.M.P.A. News

The annual spring luncheon was held by the Ladies Auxiliary of the Maryland Pharmaceutical Association at the Belvedere Hotel, May 5, 1964. Following the luncheon, fashions were presented by Franklin Simon, and background music was provided by Mr. Joseph Naviasky, local pianist. Models for the fashion show were L.A.M.P.A. volunteers and included Mrs. Charles Austin, Mrs. Frank Block, Mrs. Herman Bloom, Mrs. George C. Brandt, Mrs. Morris L. Cooper, Mrs. Richard Crane, Mrs. John Cornmesser, Mrs. Noel E. Foss, Mrs. Joseph Hugg, Mrs. Jerome Mask, Mrs. Joseph Muth, Mrs. Stephen Provenza, Mrs. Sheeler Read, Mrs. Allan Settler, and Mrs. Morris Yaffe.

Following the fashion show, a touch of comedy was added when Mrs. Anthony Padussis announced the same models in another presentation designated as "Fashion Capers". Here the L.A.M.P.A. models (providing their own clothes,) paraded the correct and incorrect costumes for breakfast, luncheon, dinner, shopping, clerking, opera and the 1964 New York Fair. Laughter greeted each incorrect costume, and applause accompanied each appropriate costume. All of the models received a well-earned applause.

Mrs. Milton Friedman is Program Chairman, and Mrs. Norman Levin is President of the L.A.M.P.A.

Maintain your professional image

Merck Prescription Chemicals and Narcotics

Many prescriptions such as ointments, nose drops and cough syrups, to mention a few, still require the know-how of a registered pharmacist. Even a casual observer in any pharmacy is mightily impressed when he sees a prescription being compounded.

There is an intangible value gained by watching an expert at work. It instills even greater respect and confidence for the profession and the man who has chosen it for his life's work.

The use of Merck Prescription Chemicals will not only enhance your professional ability, it will establish you as one who demands the highest quality in chemicals used for compounding.

MERCK PRESCRIPTION CHEMICALS OFTEN USED IN DERMATOLOGICALS

Calamine U.S.P. Merck (1673)	5 lb., 1 lb.
Menthol U.S.P. Cryst. Merck (4782)	¼ lb., 1 oz.
Resorcin U.S.P. Powd. (5982)	5 lb., 1 lb., ¼ lb.
Salicylic Acid U.S.P. Merck Fine Cryst. (0407) Powd. (04073)	5 lb., 1 lb., ¼ lb.
Tannic Acid N.F. Merck Fluffy (0468) & Powd. (04541)	5 lb., 1 lb., ¼ lb.
Zinc Oxide U.S.P. Merck Powd (7051)	5 lb., 1 lb.

Merck Chemicals are distributed by

QUINTON COMPANY, Division of MERCK & CO., INC., Rahway, N.J.

Amendments To Constitution & By-Laws Of M.P.A.

The following amendments were introduced at the Spring Regional Meeting, April 16, 1964, and will be acted upon at the Convention.

NOTE: **Bold is new material.**

Material in parentheses in italics to be deleted.

1. RECIPROCAL MEMBERSHIP

Add to Article III (Types of Membership as new **Section 2.**

The Association may enter into agreements with such local or specialized pharmaceutical organizations as approved by the Executive Committee for the establishment of reciprocal membership, whereby membership in the Association would be a prerequisite for membership in such other organization and likewise membership in the local or specialized organization would be required for membership in the Association.

The succeeding section numbers to be renumbered from 3 to 7.

2,. OFFICERS AND EXECUTIVE COMMITTEE

Article IV

The Officers of this Association shall consist of a President, four Vice-Presidents, an Executive Secretary, a Treasurer, and an Executive Committee composed of representatives of five districts, *(and Baltimore City,)* comprising the State of Maryland. Originally, each district shall have representation based on two members on the Executive Committee for each of the five districts *(and three members for Baltimore City, regardless of store population)*. After adoption of this Constitution, any of the five districts *(and Baltimore City)* shall be entitled to one extra member of the Executive Committee on the basis of one member for every twenty-five dues paid members in the district *(or Baltimore City)*. Representation shall not exceed *(five)* **eight** members to the Executive Committee for any one district *(or Baltimore City)*.

In addition, the Association may approve up to 2 members as recommended by the Executive Committee to serve as Executive Committeemen-at-Large.

District 1: Eastern Shore.

District 2: Central. To include the following counties: Anne Arundel, Baltimore, Harford, Howard, **and Baltimore City.**

District 3: Southern.

District 4: Northern.

District 5: Western.

(District 6: Baltimore City)

3. FINANCIAL ADMINISTRATION

Article IX of By-Laws

Any member, whose dues shall be in arrears *(for one year)* **as of the time of the Annual Meeting** shall, after due notification from the Treasurer, lose his rights as a member.

4. STANDING AND SPECIAL COMMITTEES

Article XII of By-Laws

A. Change Committee #3 - "Trade Relations Committee" to **"Pharmacy Economics Committee".**

B. Add Committee #21 - **"Simon Solomon Pharmacy Economics Seminar Committee".**

5. STUDENT'S AUXILIARY

Article XV of By-Laws

Change name to **"Student Branch".** Change references of "Students' Auxiliary" to **"Joint Student Branch of the American Pharmaceutical Association and Maryland Pharmaceutical Association".**

Change Section 2 (Membership) to "Students who are members of the third, fourth and fifth professional classes, respectively, of the University of Maryland School of Pharmacy.

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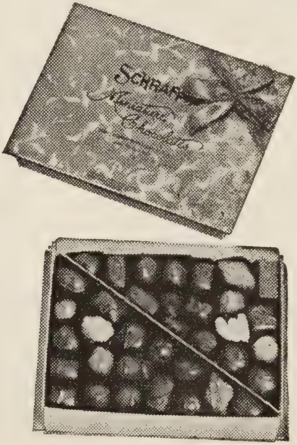
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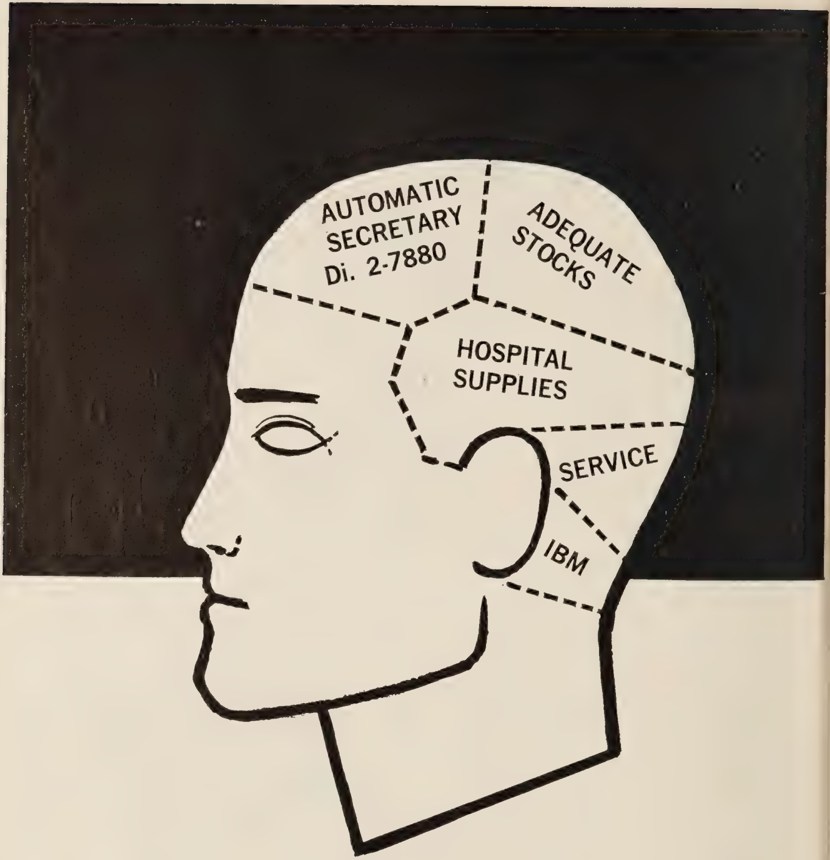
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Security *Great wings, great courage and marvelous eyes keep the eagle secure against his enemies. A single, unrelenting policy gives the pharmacist security against non-drug competition, security in his livelihood. "Drugstores only" it is now and "drugstores only" it shall be.*

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Dr. Eino Nelson On Basis Of Chemotherapy

Dr. Eino Nelson, professor of pharmaceutics and medicinal chemistry at the School of Pharmacy of the State University of New York at Buffalo, lectured at the University of Maryland School of Pharmacy Wednesday, April 22, under the sponsorship of the visiting scientist program of the American Association of Colleges of Pharmacy. The subject of his lecture was "The Pharmacokinetic Basis of Chemotherapy."

Dr. Nelson, who earned his Ph.D. at the University of Wisconsin, was associate professor of pharmacy and pharmaceutical chemistry at the University of California before going to Buffalo in 1962. He is a fellow of the American Association for the Advancement of Science and a member of many other professional organizations, including the Japanese Pharmaceutical Society, the Biophysical Society, and the Society of Sigma Xi.

Lichtenstein And Edwards Honored

Members of the Allegany-Garrett Counties Pharmaceutical Association met Wednesday, May 6, 1964 at the Fort Cumberland Hotel. The meeting was primarily devoted to honoring Messrs. Ivan Lichtenstein and Webster K. Edwards who have devoted many years of service to Pharmacy. They were commended by their colleagues for dedicating themselves to maintaining and improving the profession of Pharmacy.

Community and civic leaders of Cumberland joined the pharmacists in honoring Messrs. Lichtenstein and Edwards.

New Slim-Line Scores Big

Sales of Suburban Club's new "Slim-Line" 4-pack "have exceeded our fondest hopes" said Morton Lapides, Vice President and General Manager of Maryland's largest general line bottling firm.

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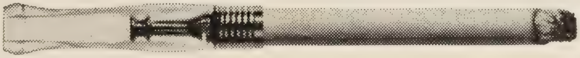

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There are six "Slim-Line" flavors: pale dry ginger, golden ginger, black cherry, orange, grape and root beer.

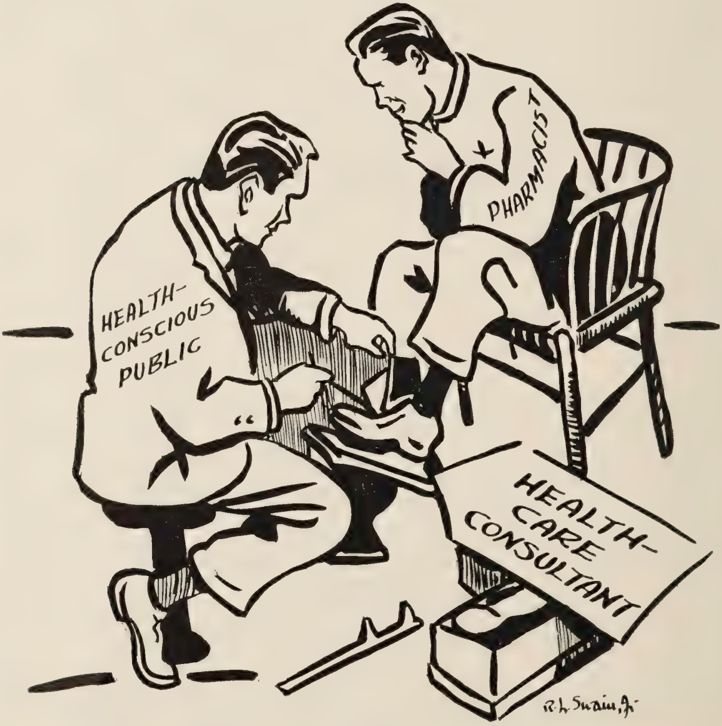
Suburban Club introduced one-calorie "Uptown" (Lemon-Lime) in the same pack.

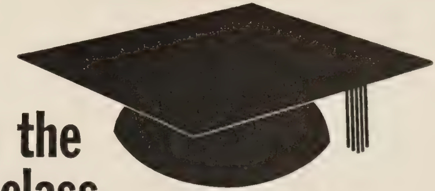
Suburban Club bottles a complete line of sugar-sweetened flavors in a variety of packages as well as Squirt, Schweppes Tonic and Bitter Lemon, and Uptown (Lemon-Lime).

MEMBERS —
USE YOUR ASSOCIATION SERVICES AND PROGRAMS

Some Examples:

1. Pension Planning Service at Savings
2. Convention - Atlantic City - Information and Recreation
3. Free Classified Advertising

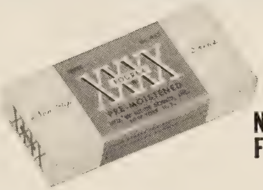




For men at the top of the class

THE ULTIMATE IN A PROPHYLACTIC–

There is nothing as "luxurious" as XXXX (FOUREX)® Skin Prophylactics



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Offer XXXX (FOUREX) to your "class" customers.

Unique, distinctive packaging, an exclusive feature for greater convenience

Individual easy-to-open capsules

Xceptional quality **X**traordinary sensitivity **X**acting standards in manufacture **X**tra profits

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Two Awards For Sales Earned By Loewy Drug Company

Loewy Drug Company, Baltimore, Maryland, has earned two trophies in the 13th Annual Prophylactic Brush Company Sales Promotion.

Loewy Drug earned the "National Achievement Award" for highest sales over quota and the "Eastern Division Drive" for highest sales over quota.

Shown with the trophies are: left to right: Allan Posner, salesman, Loewy Drug, who received a Salesman Award for highest percentage sales over quota, and Martin Richlin, Sales Manager, Loewy Drug Company.

The awards were presented at a meeting in the Waldorf Astoria, New York City.

—OBITUARIES—

EDWARD C. MAISENHOLDER

Edward C. Maisenholder, a Bel Air pharmacist, who had been in the drug business for 40 years, died at his home April 14, 1964 at the age of 63.

He was a member of the Maryland Pharmacuetical Association; Baltimore Metropolitan Pharmaceutical Association; Highland Lodge No. 184, A. F. & A.M.; and the Wedgewood Club.

He was president of Boyd & Fulford, Inc. Pharmacy, with which he had been associated for the past 32 years.

His survivors include his wife, Mrs. Edna Uhl Maisenholder, two daughters, Miss Kay L. Maisenholder and Mrs. James H. Ludlow, Jr. There are also three sisters, Mrs. Edward Spangler, Mrs. Ernest Neutzel, Mrs. Robert Carmichael, and a brother, Mr. George C. Maisenholder.

DR. ROBERT SHEPPARD

Dr. Robert Sheppard, a graduate of the University of Maryland (Ph.G. 1934, M.D. 1938), died at his home in Catonsville April 26th at the age of 49.

He is survived by his wife, Mrs. Nancy C. Sheppard, a daughter, Miss Margaret Sheppard, and his parents, Mr. and Mrs. Edgar Sheppard.

JACOB KRAKOWER

Jacob Krakower, operator of the Riverside Pharmacy, Washington, D.C., died at his home in Silver Spring on April 23rd at the age of 54.

He graduated from Baltimore City College in 1927 and the University of Maryland School of Pharmacy in 1931 with a Ph.G.

He is survived by his wife, Mrs. Ann Krokower, a son, Mr. Morris Krakower, and a daughter, Mrs. Rita Margolis. Also surviving is a brother, Mr. Theodore Krakower, and a sister, Mrs. Pearl K. Baronoff, and four grandchildren.

THOMAS S. SMITH, SR.

Thomas S. Smith, Sr., former president of the Delaware Pharmaceutical Society (1937-38), and president of the National Association of Retail Druggists (1937-38), died in Wilmington, Delaware, at the age of 74.

He was a native of Farmville, Virginia, and graduated from the University of Maryland School of Pharmacy in 1912. He operated a pharmacy in Wilmington, Delaware, for many years, and retired from active work several years ago.

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Manufacturers of Fine Pharmaceuticals for over 45 years
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AQUAPAC selected skins
—only the primes are processed.
Not just wet—but also lubricated and rolled
Lowest cost—greatest percentage of profit
Professionally promoted—presold
Unconditionally Guaranteed!
SELL ON OPEN CALL.
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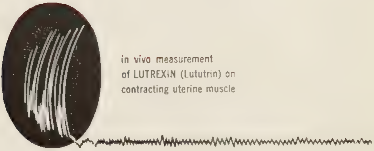
3000 UNIT TABLETS

LUTREXIN (Lututrin)—the non-steroid approach to uterine quiescence. Clinicians report success in over 70% of their treated cases—with no reported side effects, even when massive doses are used.

Such a record, in thousands of cases over a 10 year period, is rather definite proof of a product's effectiveness.

Supplied in bottles of 25– 3000 unit tablets.

Complete literature and samples on request.



in vivo measurement of LUTREXIN (Lututrin) on contracting uterine muscle

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A product of pre-eminent fineness—an achievement in ice cream quality and delicacy of flavor.

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AUGUST	AUGUST	AUGUST
18	19	20

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VOLUME XXXIX - NO. 9 JUNE 1964

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TES-TAPE®
Urine Sugar Analysis Paper
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Protect from direct light, excessive moisture, and heat.
FOR URINE SUGAR ANALYSIS ONLY
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It's also easy to make "extra" sales by suggesting Tes-Tape® to your diabetic customers.
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✓ Periactin

✓ check your stock of these fast-moving, intensively-promoted Merck Sharp & Dohme ethical specialties

ALDOMET® (methyldopa) Film-coated, biconvex-shaped tablets, methyldopa 250 mg., bottles of 100. Injection ALDOMET Ester HCl (methyldopate HCl) 250 mg. per 5 cc., in 5-cc. ampuls.

ALDORIL® Film-coated tablets, ALDORIL-25, methyldopa 250 mg. and hydrochlorothiazide 25 mg., and ALDORIL-15, methyldopa 250 mg. and hydrochlorothiazide 15 mg., bottles of 100.

ELAVIL® **HCl** (amitriptyline HCl) Film-coated tablets, 10 mg. and 25 mg., bottles of 100, 1000 and 5000. Injection, vials of 10 cc.; each cc. contains 10 mg. of amitriptyline hydrochloride.

DIUPRES®**-250** 250 mg. chlorothiazide, 0.125 mg. reserpine per tablet. DIUPRES-500, 500 mg. chlorothiazide, 0.125 mg. reserpine per tablet, bottles of 100 and 1000.

DIURIL® (chlorothiazide) Scored tablets, 250 mg. and 500 mg., bottles of 100 and 1000. Syrup DIURIL (chlorothiazide), 250 mg. per 5 cc., bottles of 237 cc. LYOVAC® DIURIL (chlorothiazide), for injection after reconstitution, vials containing 0.5 Gm. (500 mg.) of chlorothiazide (present as the sodium salt).

HydroDIURIL® (hydrochlorothiazide) Scored tablets, 25 mg. and 50 mg., bottles of 100 and 1000. Also available: HydroDIURIL-Ka®-25 (hydrochlorothiazide with potassium chloride), bottles of 100 and 1000, and HydroDIURIL-Ka-50 (hydrochlorothiazide with potassium chloride), bottles of 100 and 1000.

DECADRON® (dexamethasone) Scored tablets, 0.5 mg. and 0.75 mg., bottles of 100 and 1000. DECADRON (dexamethasone) Topical Aerosol, cans of 90 Gm., each can contains 10 mg. of dexamethasone. DECADRON Phosphate (dexamethasone 21-phosphate) Topical Cream, 0.1%, tubes of 5 Gm. and 15 Gm.; each Gm. contains 1 mg. of dexamethasone 21-phosphate (present as the disodium salt). DECADRON Phosphate (dexamethasone 21-phosphate) Ophthalmic Solution, 0.1%, bottles of 2.5 cc. and 5 cc. DECADRON Phosphate (dexamethasone 21-phosphate) Ophthalmic Ointment, 0.05%, tubes of 3.5 Gm. (1/8 oz.). DECADRON Phosphate (dexamethasone 21-phosphate) injection, vials of 1 cc. and 5 cc., and disposable syringes of 2 cc.; each cc. contains 4 mg. of dexamethasone 21-phosphate (present as the disodium salt).

DECAGESIC® Tablets, bottles of 100; each tablet contains 0.25 mg. of dexamethasone, 500 mg. of aspirin (acetylsalicylic acid), and 75 mg. of aluminum hydroxide (present as the dried gel).

HYDROPRES®**-25** 25 mg. hydrochlorothiazide, 0.125 mg. reserpine per tablet, bottles of 100 and 1000. HYDROPRES-50, 50 mg. hydrochlorothiazide, 0.125 mg. reserpine per tablet, bottles of 100 and 1000. HYDROPRES-Ka®-25, 25 mg. hydrochlorothiazide, 0.125 mg. reserpine, 572 mg. potassium chloride (equivalent to 300 mg. potassium) per tablet, bottles of 100 and 1000. HYDROPRES-Ka-50, 50 mg. hydrochlorothiazide, 0.125 mg. reserpine, 572 mg. potassium chloride (equivalent to 300 mg. potassium) per tablet, bottles of 100 and 1000.

TETRAZETS® Fruit-flavored, vials of 12.

PERIACTIN® **HCl** (cyproheptadine HCl) Scored tablets, 4 mg., bottles of 100. Syrup, bottles of 473 cc.; each 5 cc. contains 2 mg. of cyproheptadine hydrochloride.

Additional information on these products is available to pharmacists on request.

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXIX **JUNE 1964** **No. 9**

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Editorial . . . . . .

Pharmacy's Future

The future of the profession of pharmacy depends on numerous complex factors, many of which are beyond our control. But, we can affect the most vital variable in this equation.

We can participate in the future development of Pharmacy by the degree that we concern ourselves with the raw material of the profession—the pharmacy students of today.

After many years of effort a Joint Student Branch of the American Pharmaceutical Association and the Maryland Pharmaceutical Association has been inaugurated at the University of Maryland School of Pharmacy. It is most gratifying that 100% of the student body has voluntarily enrolled as members.

Beginning in the fall, meetings will be held with programs arranged through the participation of members of the Maryland Pharmaceutical Association, the faculty and the students.

The development of professional attitudes must begin during the years spent at the School of Pharmacy. The faculty and members of the Association can be constructive and beneficial forces in the pharmacy student's growth toward becoming a professionally mature person.

The attitude of the student after graduation and entering upon a career as a pharmacist will also be influenced, of course, by the pharmacists he comes in contact with during his internship.

Pharmacy students who begin to appreciate the crucial role that professional pharmaceutical organizations can perform will understand the necessity for being members and supporting their associations upon their graduation.

The Maryland Pharmaceutical Association recognizes the all-important significance of close liaison with the young men and women who will be the pharmacists of the tomorrow. Nothing must be neglected to discharge our obligations to our future pharmacists. We welcome them and offer every assistance possible to them during their school days and later as internes and new registrants.

To the members of the new Joint Student Branch, we say, "Congratulations upon your taking the first great step toward participating in your chosen profession and working for its advancement!"

"Your example of 100% voluntary membership is an example for all pharmacists to follow in supporting their pharmaceutical associations—local, state and national."

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President's Message . . . . . .

Dear Fellow Members:

Serving as your president during the past year has been a great privilege and opportunity. It has been a privilege to represent the pharmacists of the state of Maryland before groups both nationally and within our borders.

This has been an opportunity for me to serve my profession to the maximum. The Maryland Pharmaceutical Association with its officers, committees and secretary is the focal point for all matters concerning pharmacy in Maryland.

There is no problem involving pharmacy or pharmacists that the Association is not called upon to participate in. Many situations are cleared up in a quiet, efficient manner. This involves legislation, public relations, professional relations, newspapers, radio, School of Pharmacy, wholesalers, manufacturers and so on.

During the coming year I will continue to press for necessary legislation and for equitable fees for pharmacists filling medical care prescriptions.

It is important, also, to keep the campaign going to enroll every pharmacist as a member of the Maryland Pharmaceutical Association. We now have every pharmacy student a member of the new Joint Student Branch of the American Pharmaceutical Association and Maryland Pharmaceutical Association. This fine example we hope will be followed by all our practicing pharmacists as well.

As I step down as president, I pledge my continuing support to the Maryland Pharmaceutical Association. With the full backing of all in Pharmacy we will have the members and strength to go ahead even more quickly to accomplish your goals and mine for Pharmacy.

Sincerely,

WILLIAM A. COOLEY
President

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MEAD JOHNSON LABORATORIES grants FOR UNDERGRADUATE RESEARCH IN PHARMACY

The 1964 recipients of Mead Johnson Laboratories Grants for Undergraduate Research in Pharmacy have been selected by the American Association of Colleges of Pharmacy.

> *It is a privilege for the people of Mead Johnson Laboratories to again sponsor this program designed to stimulate student interest in pharmaceutical research.*

The role of Mead Johnson Laboratories in regard to these awards is limited to providing award funds and consultation to the American Association of Colleges of Pharmacy. The method of choosing recipients is determined by the American Association of Colleges of Pharmacy.

1964 RECIPIENTS

DR. VICTOR H. DUKE
University of New Mexico

DR. DONALD C. STAIFF
Ohio Northern University

DR. LINDLEY A. CATES
University of Houston

DR. FRANK D. O'CONNELL
West Virginia University

DR. STANLEY V. SUSINA
Howard College

DR. ALBERT J. FORLANO
Ferris State College

DR. A. NELSON VOLDENG
University of Arkansas

DR. DAVID P. CAREW
State University of Iowa

DR. ROBERT A. WILEY
University of Kansas

DR. MARVIN H. MALONE
University of Connecticut

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Secretary's Script . . .

A Message from the Executive Secretary

The committees of the Maryland Pharmaceutical Association are the means for planning, and presenting to the membership the various programs of the Association. The many problems that must be considered are also the responsibilities of committees to which they are assigned.

At the time dues bills are rendered members are requested to signify the committees they wish to participate in.

Members are urged to give consideration to devoting some time to the advancement of their profession by taking part in committee work.

On the form below are some important committees requiring the interest of members. Check the committees to which you are willing to contribute your time and effort and mail to the Association office.

Sincerely,

Nathan I Gruz

Executive Secretary

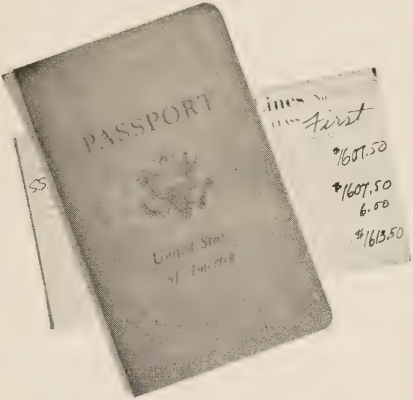
REQUEST FOR ASSIGNMENT TO COMMITTEES

Yes, I would like to be assigned to the following committee (s) and take an active part in the Maryland Pharmaceutical Association.

—Pharmacy Economics
—Public Relations
—School of Pharmacy
—Pharmacy
—Professional Relations
—Civil Defense
—Legislative
—Swain Seminar
—Pharmacy Week
—Political Information
—Membership
—Insurance & Pension
—Simon Solomon Pharmacy Economics Seminar

Mail To

Maryland Pharmaceutical Association
650 W. Lombard Street
Baltimore, Maryland 21201



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Maryland Board of Pharmacy . . . . .

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Secretary

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Board of Pharmacy Notice

Philadelphia Laboratories, Inc. have announced that they are recalling all outstanding stock of their Digoxin 0.25 mg. tablets.

The recall includes the following batches which were manufactured since June 25, 1962:

#53244
#662105
#1062105
#2469
#4435

Thorium Dioxide Banned by FDA

The FDA announced on June 6, 1964 that Thorium Dioxide is not for administration to man or food producing animals.

The Federal law will now include the following paragraphs:

> (a) Thorium dioxide is a source of naturally occurring radioactivity that has been used over a period of years as a radiopaque medium. When thorium dioxide is injected, it is permanently stored in the body. Because of its radioactivity, this storage causes scarring and carcinogenesis in the area of storage. There are reports in the medical literature of malignancy and deaths resulting from the injection of thorium dioxide. At present there is no unique clinical usefulness of thorium dioxide justifying its administration to man. The administration of the drug to food-producing animals may result in residues of the drug in food.
>
> (b) The Commissioner of Food and Drugs therefore concludes that preparations containing thorium dioxide or any source of thorium are unsafe for administration to man under any form of labeling. Any such preparations will be regarded as misbranded and subject to regulatory proceedings under the Federal Food, Drug, and Cosmetic Act unless they are conspicuously labeled with a warning statement to the effect: "Warning—Not for administration to man. Not for administration to food-producing animals."

Parnate

The Food and Drug Administration, Department of Health, Education, and Welfare, announced June 15 that it has accepted a drastic revision of the labeling of the drug Parnate (tranylcypromine-Smith, Kline & French Laboratories, Philadelphia) which will allow this drug to re-enter the market for use only in severe cases of mental depression.

FDA's acceptance of the proposed label changes was based on study of the world's medical literature on the drug, evaluation of controlled studies conducted with the drug, and a consideration of the views of top experts in the field of psychotherapy.

Two Major Issues

FDA said that two major issues had to be resolved: First, how toxic is the drug; second, does its effectiveness justify its use despite the known hazards? Since the drug is intended for the treatment of severe depression in which

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Eaton High Grade Stationery
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suicide is possible and in which electroshock therapy may sometimes not be used, the conclusion has been reached that the hazards—including the possibility of strokes and even some deaths—were justified. These hazards can be minimized and substantially avoided by careful use of the drug, FDA said.

Restrictions to be imposed include reduction of dosage and that the drug is not to be used except in hospitalized cases of severe depression, or in cases outside the hospital in which other medication has been found ineffective. It is not to be used by patients over 60 years of age or with any history of hypertension or other cardiovascular disease.

Experts from both the National Institute of Mental Health and from Saint Elizabeth's Hospital were consulted by FDA and concurred in the action taken.

The manufacturer, Smith, Kline and French Laboratories, told FDA that it will be four to six weeks before Parnate will again be available to the medical profession. It has been agreed that the full text of the revised labeling will be mailed to all physicians.

Drug Store Changes

The following are changes in pharmacies for the month of May:

New

Health Cross Stores, Inc. of Maryland, #50, D. M. Robinson, President, 317-19 N. Howard Street, Baltimore 1, Md.

Dart Drug Corporation, Herbert H. Haft, President, 12137 Rockville Pike, Rockville, Maryland.

Keswick, Home for Incurables of Baltimore City, Douglas Warner, President, 700 W. 40th Street, Baltimore 11, Md.

Closed

Dart Drug Corporation of Maryland, Herbert H. Haft, President, 8511 Fenton Street, Silver Spring, Maryland.

The Read Drug & Chemical Company, Arthur K. Solomon, President, 30 W. Baltimore Street, Baltimore 1, Md.

Parkway Pharmacy, Eugene G. Czapiewski, 301 E. University Parkway, Baltimore 18, Maryland.

Change of Ownership

Westview Pharmacy, Inc., Alder Simon, President, 5708 Baltimore National Pike, Baltimore 28, Maryland. Formerly: Rx Drug Stores, Inc., Westview Pharmacy Branch, Robert Stofberg, President, Treasurer.

Corporation Change

The following Pharmacies have changed corporation from Peco., Inc. to Giant of Maryland, Inc., N. M. Cohen still remains President.

Super Giant Pharmacy, 8750 Arliss Street, Takoma Park, Maryland.

Super Giant Pharmacy, 12051 Rockville Pike, Rockville, Maryland.

Super Giant Pharmacy, Mountain Road & Ritchie Highway, Glen Burnie, Maryland.

The following are changes in pharmacies during the month of June:

New:

Markin's Pharmacy, Samuel Markin, President, 1538 W. Baltimore Street, Baltimore, Maryland 21223.

Change of Ownership:

Hillandale Pharmacy, Inc., Harold T. Hambright, Jr. & George E. Baltz, Proprietors, 10214 New Hampshire Avenue, Silver Spring, Maryland. Formerly: Hillandale Pharmacy, Samuel Morris, President.

Oral Prescriptions Ended For Percodan

Pharmacists are reminded by the Bureau of Narcotics of the following new regulations which should be brought to the attention of physicians.

Effective July 3, 1964, preparations containing oxycodone (dihydrohydroxycodeinone) may be dispensed by pharmacists pursuant to a physician's signed and written prescription only.

These preparations are marketed under the following trade names, Percodan, Percodan-Demi, Percobarb, Percobarb-Demi; and Nucodan. All preparations containing this drug which have been produced and marketed as "Class B" will automatically become "Class A" on and after July 3, 1964.

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School of Pharmacy, U. of M., News ......

University of Maryland Pharmacy School

Officers of the Class of 1965 are:

President ....Richard Cysyk
Vice President.....Robert Brauner
Secretary ....Suzanne Libowitz
Treasurer ....Michael Walsh
Historian ....Harris Miller
SGA Representative—
Gerald Rachanow

The newly elected officers for the A.Ph.A. Student Branch are:

President .....William Edmondson
Vice President. Robert W. Hoffman
Secretary ....Michael Walsh
Assistant Treasurer...Leon Catlett

The new president of Rho Chi is Michael Walsh.

The new president of Phi Delta Chi, Iota is W. Robert Elliott.

University of Maryland School of Pharmacy Dean's Honor List, Second Semester 1963-64

Third Year Class

Mitchell Christian, Baltimore
John Dailey, Westernport, Allegany County, Md.
Frederick Eng, Baltimore
Charles Fleischer, Baltimore
Eugene Johnson, Baltimore
Lawrence Martin, Baltimore
William Moore, Rehoboth Beach, Delaware
John Tims, College Park, Md.
David Via, Baltimore
Myron Weiner, Baltimore

Fourth Year Class:

Richard Cysyk, Baltimore
Gerald Rachanow, Randallstown, Md.
Charles Schutz

Fifth Year Class:

Richard Wynn, Baltimore

The Annual Meeting of the Alumni Association of the University of Maryland School of Pharmacy

Prepared by B. Olive Cole

This meeting held on June 11, 1964, was a rather unique occasion because it included a delicious smorgasbord dinner preceding the reports of the president and standing committees. There was no rush from one occasion to another as experienced with the previous final affair of the Alumni Association. The dining room of the Student Union of the Professional schools of the University of Maryland was arranged to serve at 6:30 P.M. what was a very enjoyable meal, including generous cuts of roast beef and everything desirable for the enjoyment of a splendid meal, with dessert and coffee.

There were no set speeches, no music and no flowers, but everyone seemed to be at ease and the friendly attitude made the occasion really delightful as practically everyone in attendance responded when called upon.

President Milton A. Friedman welcomed the group, expressing appreciation for having been president. Dr. Robert J. Kokoski, chairman of the Program Committee, presented a synopsis of the reports of the Standing Committees of the Association. This was a time-saving innovation, breaking from the usual procedure of giving full, lengthy reports. Complete reports are in the office of the Secretary.

Dean Noel E. Foss expressed appreciation of the cooperation of the Alumni Association and again asked the Association for assistance for student scholarships by matching the amount provided by the American Foundation for Pharmaceutical Education to schools of pharmacy.

Protection *A fearsome roar and a mighty sweep of a paw is the cub's protection against attack. The pharmacist's protection against non-drug competition is our "drugstores only" policy. And we'll defend it, no matter what.* YOUNGS RUBBER CORPORATION

TROJANS · GUARDIAN · NATURALAMB · ATHA-SPRAY · ATHA-POWDER · BIDETTE

Treasurer H. Nelson Warfield presented his annual report showing an increased amount of revenue above that of 1962-63. Income from members greatly increased during 1963-64 and contributions for scholarships for deserving students assisted in presenting a healthy condition of finances.

Dr. Frank L. Black gave the report of the Auditing Committee.

Chairman Francis S. Balassone read the report of the Deceased Members Committee, and a silent prayer was offered in their memory.

The following received certificates signifying graduation fifty years ago with the Phar. D. diploma:

Charles L. Armstrong, Baltimore
Frank N. Britcher, Gettysburg, Pa.
Samuel C. Cohen, Baltimore
L. Reyner Dukes, Baltimore
Claude E. Harrison, Florence, South Carolina
Israel Liebman, Tampa, Florida
Ferdinand Pross, Jr., Baltimore
Harvey E. Todd, Anderson, South Carolina

Dr. Frank L. Black was the recipient of a certificate showing graduation sixty years ago.

A certificate was also provided for Dr. Douglas W. Brown of Greeneville, South Carolina, class of 1909.

Mr. John G. Cornmesser was elected an Associate member of the Association.

The following officers were elected and installed for 1964-65:

Honorary President—Alexander J. Ogrinz, Jr.
President—Dr. Robert J. Kokoski
First Vice-President—Harold P. Levin
Second Vice-President—Aaron M. Libowitz
Treasurer—H. Nelson Warfield
Secretary—Dr. Frank J. Slama

The following will be the Executive Committee of the Association for 1964-65:

Milton A. Friedman, Chairman
Casimer T. Ichniowski
Solomon Weiner
Nathan I. Gruz
Bernard Lachman
John F. Fader, II
Maurice T. Cummings

The Alumni Association of the School of Pharmacy represents an active group, happily integrated, with progressive ideas and a realization of responsibility and assistance to the profession of their choice.

Two University of Maryland Students Receive Awards

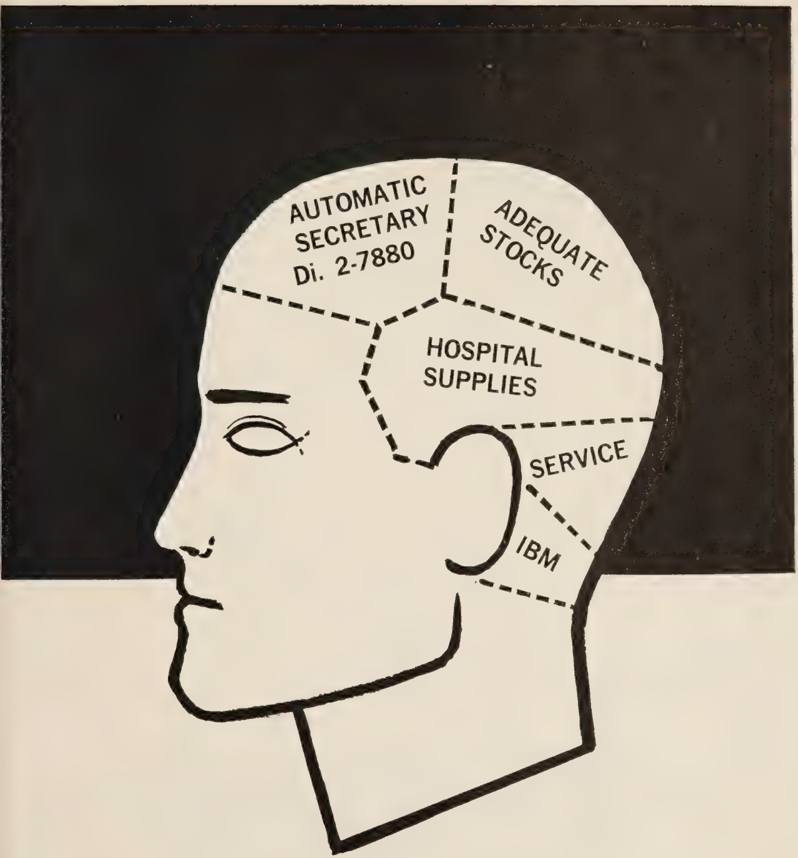
C. David Fox and M. David Richman, graduate students of pharmacy at the University of Maryland, received honorable mention certificates in the annual Lunsford Richardson Pharmacy Awards competition, sponsored by the Wm. S. Merrell Co.

This is the tenth anniversary of the beginning of these awards made to encourage the progress of pharmacy and the pharmaceutical sciences.

A panel of impartial judges in the field of pharmacy reviewed graduate papers written as a thesis for an advanced degree and papers written on the basis of original research.

The program has been broadened in recent years to include undergraduates writing on themes relating to "Why I Chose Pharmacy as a Career", or "How Can My Student Professional Society Help Me, and How Can I Be of Help to It?".

Winners were chosen from among entries submitted by students at all pharmacy colleges in the United States, Puerto Rico and Canada. The awards honor students for excellence in original research, for manuscripts submitted as requirements for graduate degrees, or for essays dealing with other matters of importance to pharmacy.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Contributions . . . . . .

Compounded Prescriptions

By B. F. Allen, Ph.D.*

For some time, there has been a great deal of controversy over merchandising versus professionalism in pharmacy. Until very recently, as the "wonder drugs" poured from the laboratories, everyone in the pharmaceutical and related industries wanted to get into the ethical drug field. Now the movement is in the other direction and everyone suddenly wants to get into proprietaries (even the ethical drug manufacturers are succumbing one by one).

Recently, it has been stated that there is too much talk about various kinds of pharmacy. The profession, through such thinking, bids fair to fragment itself into a number of smaller and, at times, somewhat incompatible units. The truth is that no matter where it is practiced, pharmacy basically must be the same. Pharmacy in community practice, in hospitals, in clinics, in chain store prescription departments, continues to be pharmacy.

Although the above has happened in the past several years, one writer has recently indicated that more than 800 million prescriptions are dispensed annually in the United States. Another writer has stated that we will probably be dispensing more than a billion prescription orders annually before this decade ends.

Historically one of the important functions ascribed to the role of the pharmacist is his compounding practice. This is a function which the pharmacist has performed exceedingly well even in this era of the powerful leverage that ethicals exert on the prescribing habits of physicians.

This writer recognizes the fact that doctors today (actually, for many years) generally prescribe potent specialties alone without other ingredients. Even in those prescriptions which do require compounding, the compounding is usually simple. However, it is interesting to note concoctions, often referred to as "shotgun mixtures," not only prescribed but also marketed.

In spite of the excessive number of prefabricated products introduced by the pharmaceutical industry, the pharmacist has not ceased to function as a professional individual. It has become extremely important that he be well acquainted with their composition, content and therapeutic action (this also applies to ingredients other than the main therapeutic one).

Although the floodtide of new pharmaceuticals has been reduced slightly during the last two or three years, it is still of such proportions that the matter of identification (particularly many of the raw materials) has become confusing also to the manufacturers. For example, many raw materials classified by pharmacists as possibly dispensing aids, appear on the market under many different tradenames.

Whenever prescription surveys are conducted, the ratio of compounded prescriptions seems to drop to a new all-time low (a recent estimate was about 4 per cent). If only 4 per cent of modern prescriptions require some compounding operation by the pharmacist, the fact that 800 million prescriptions may be filled in 1964 (and one billion in 1970[a]) would indicate that the number of prescriptions (32 million) being compounded today is much lower than 30 years ago (estimated as 58 million), when the percentage requiring compounding was much higher.

---

*Associate Professor of Pharmacy, University of Maryland, School of Pharmacy.

[a] One writer estimates there will be about 1.7 billion prescriptions dispensed in this nation, thus giving the pharmacists a better opportunity to be of professional service.

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No Overhead

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However, if the 1970 figure is attained, the number of prescriptions requiring compounding may be 40 million (estimated on basis that 4 per cent of prescriptions will require compounding). This will be done by not too many more pharmacists (and possibly less) who will be filling a greatly increased total number of prescriptions.

A teacher, who is interested in compounding practice, is often confronted by students, educators, practical pharmacists, pharmaceutical manufacturers' representatives, as well as the public, with the statement that there is "no" compounding (and similar expressions) in the modern pharmacy.

Discussions with many students revealed that while some were aware of the problem and somewhat concerned, others had no information that would indicate the situation exists. These factors led to a decision to embark on a simple study of the problem with the cooperation of the senior students of the School of Pharmacy.

The students were instructed to make a copy of the first prescription on the "current" file requiring some form of compounding. This information was usually obtained in a pharmacy where the student was employed and during the first or second week in the first semester of the senior year. A total of 141 prescriptions was received in the period from 1958 to 1964. The vast majority of these prescriptions appeared on the current file within the first ten; a number extended to the twentieth prescription on file, etc.

Since the students were instructed to transcribe the prescriptions exactly as written by the prescriber, the following was easily noted: classification of medication, number of ingredients, use of Latin, Roman numerals, and the apothecary system.

The author arbitrarily classified the compounded prescriptions as follows (the number prescribed in each class indicated in the parentheses): oral liquids (71), capsules (23), ointments (14), topical liquids (11), ear preparations (5), eye preparations (5), bulk powders (3), nose preparations (3), suppositories (3), divided powders (2), and dental powders (1).

An analysis of these compounded prescriptions revealed that approximately 226 different drugs or commercial preparations were prescribed by physicians. A tally of the relative occurrence of items in these prescriptions is indicated in the parentheses (occurrence frequency more than two and water not included): acacia (5); Adrenalin solution, ointment (4); acetophenetidin (8); acetylsalicylic acid (8); alcohol, various concentrations (5); ammonium chloride (12); atropine sulfate (6); belladonna extract, tincture (18); bentonite magma (3); Benylin expectorant (3); boric acid (6); Butisol sodium elixir (3); caffeine, citrated (6); camphor (6); cherry syrup (4); chloroform spirit, water (3); cocaine hydrochloride (3); cocoa butter (3); codeine phosphate, sulfate (30); compound cardamon tincture (3); Cremomycin (3); Dramamine (4); ephedrine sulfate (3); Gantrisin liquids (4); glycerin (6); Hycodan (3); hyoscyamus extract, tincture (6); lanolin (3); Maalox (3); menthol (4); opium, camphorated tincture (9); penicillin preparations (11); peppermint oil, water (8); petrolatum, white, liquid (7); Phenergan expectorant (3); phenobarbital, sodium, elixir (26); phenol (5); potassium citrate (3); resorcinol (3); rose oil, water (3); salicylic acid (6); sodium bicarbonate (6); sodium bromide (4); sodium salicylate (4); squill syrup (4); sulfur (5); sulfurated potash (3); syrup (5); tannic acid (5); wild cherry syrup (4); witch-hazel water (3); and zinc sulfate (4).

The figure in the above tabulation represents the total occurrence of the individual ingredient (drug) and its preparations. For example, petrolatum, white, liquid (7) represents all the petrolatums prescribed (yellow, white and liquid forms).

It is extremely interesting to note that in the above tabulation all of the items carrying a figure of 5 or more (except acacia and tannic acid) also appeared in the listing of Frequently Used Drugs (prescribed 10 or more times in the 13,125 prescriptions analyzed) which was published in the Prescription Study of the Pharmaceutical Survey (1948).

Although definite data was not recorded, it was noted that Latin (or "latinized" terms and abbreviations), Roman numerals and the apothecary system is more widely used in prescription writing than is sometimes conveyed by many pharmaceutical writers.

Also of some importance, is the fact that not a single prescription obtained in this survey required the utilization of complex and highly theoretical concepts and mathematics often expounded upon in the modern education field.

However, if one considers these formulations as typical of the prescriptions prescribed in the Baltimore metropolitan area requiring compounding, then the skill and art of the pharmacist continues to be of some real importance and significance, Fundamentally, the art has not changed radically, but the use of commercial products in compounded prescriptions has probably increased.

Many individuals fail to recognize that a compounding operation is often performed by nurses, as well as technicians and others in a variety of establishments. The true potential of prescription writing by the dentist has never been attained. The same is probably true insofar as the veterinarian is concerned and other health practitioners (many of the latter may not be recognized in certain parts of the country). Also, a tremendous amount of cosmetic compounding (primarily powder formulations) is conducted in many department stores and other establishments.

It has been declared recently that if the profession is going to be preserved, we must return to the practice of pharmacy in pharmacies. An increase in compounding would certainly be one factor which should help to attain this goal.

As a communication pattern which makes it possible to emphasize and more clearly delineate areas of interest for those concerned with the field, compounding specialization would also encourage younger people to enter pharmacy as a career. Compounding practice always has a stimulating effect on the student since everyone readily recognizes the relationship to the actual practice of pharmacy. Also, this type of emphasis by a practitioner would go a long way in aiding a student recruitment program. Compounding-minded pharmacists may be able to expand further their activities in this specialization area with some kind of an ethical promotion directed toward the health and cosmetic fields previously mentioned. This is the area of applied pharmacy from whence come profits and increased efficiency in the preparation and use of established products.

In conclusion, it is humbly requested that pharmacy practitioners send the writer a copy of the first prescription requiring some form of compounding received after reading of this article. This information will be used for a more up-to-date analysis so that a possible change in trend can be reported.

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Pharmacist Employer-Employee Relations

A Chain Store Viewpoint

By
William E. Pannill
Director of Personnel
Peoples Drug Stores, Inc.

EDITOR'S NOTE: *Recognizing the necessity for developing greater understanding of the mutual problems of employer and employee pharmacists for the future of the profession of Pharmacy, the Maryland Pharmaceutical Association devoted the* 1963 *Fall Regional Meeting to this issue.*

The following address was part of the panel presentation on "Pharmacist Employer-Employee Relations" at Peter Pan Inn, Urbana, Maryland, October 17, 1963.*The viewpoint of the proprietor of an independent pharmacy as presented by Samuel F. Higger, Higger's Drugs, Inc., Washington, D.C. follows in a separate article.*

The topic of this program—"Pharmacist Employer-Employee Relations"—is such a broad subject and has so many ramifications, I think that for the purpose of this meeting I will confine my remarks to the area of essentially what the employer has to offer the potential pharmacist, and also what the employer expects in return for this consideration.

It is practical for obvious reasons that I refer to community pharmacy rather than to the other areas of the profession.

Now, due to the fact that I am an employee of a large drug store chain this does not take me or my company out of the realm of community pharmacy. We feel that we are just as much a part of community pharmacy as the small, well respected neighborhood independent drug store and this has been a very determining factor in the success of our company.

Peoples Drug Stores became established and respected in an era when the word "Chain Store" of any kind was considered a nasty word. This was principally because that during this same era the "Pine Boards" and other similar type outlets were beginning to mushroom. These operations had the reputation of being cold, hard, ruthless operations with no motive other than profit. This was at a time when the labor market was flooded with available personnel and consequently employees were given little consideration. The result being that there was essentially no loyalty on the part of these individuals and their only motive in working was to take home a salary at the end of the week.

However, it was during this period that this company was growing and it was growing because we did not operate within the framework of a chain organization as I have just described. Our growth was largely a result of the determined efforts of a great many dedicated and loyal employees and the fact that we were considerate and personal in our relationship with these employees.

Our growth has been rather dramatic since 1905. It was then that the first Peoples was opened in Washington with an annual volume of $40,000—that's just a little over $100.00 a day—Sales for 1962 were in excess of 100 million dollars.

Now, back in 1905 when Malcolm Gibbs founded this company his first love was pharmacy. He believed that the primary responsibility of a drug store was up-to-date efficient prescription service, and it was on this premise that Peoples Drug Stores was built and on this premise that they prospered. The same philosophy guides this company today and we never let ourselves forget that this is the heart of our business and at Peoples—prescriptions come first.

In mentioning this, it is significant to add that in 1959 Peoples was the recipient of the E. R. Squibb & Sons award for having filled 50 million prescriptions with high professional integrity.

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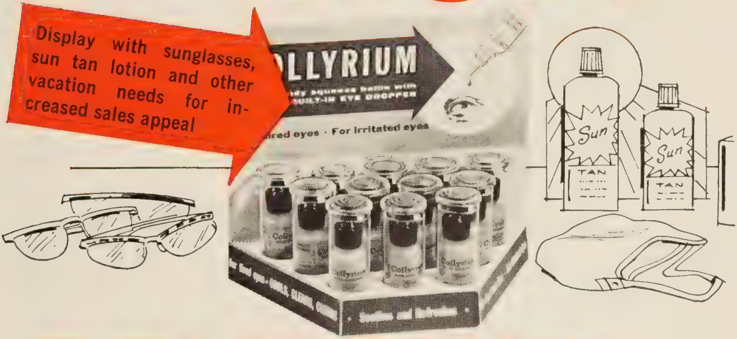

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However, this discussion is supposed to be relative to pharmacists and I have only cited these facts to point out that we realize, without question, that our pharmacists deserve a tremendous share of credit in this accomplishment.

Our prescription volume alone is a barometer of customer confidence and who else but our pharmacists can accomplish this for us.

You might ask yourself, "How does a multiple unit organization such as this motivate people to this extent?" Our salaries are competitive, our benefit program is good, the hours reasonable and the company is secure financially. But none of these things, even if they were above and beyond competition, would be the answer. The only other thing we can attribute this motivation to is human *realistic* employee relations—consideration for the person in response to satisfactory services.

Now, you must realize that this has to be a combined effort of both parties involved. We are not operating in the days of the "Happiness Boys"whom some of you will remember. The function of management in this period was one of patronizing and kowtowing to the demands of employees. This condition had come about because, just after the turn of the century many employees having been mistreated and ignored by management were turning to unions with their grievances and complaints. In attempting to slow down this rush to the union fold many employers adopted this unrealistic molly coddling attitude toward employees. This did not last long as I will point out a little bit later on.

None of us can remove ourselves from the economic dimension in considering employer-employee relations and I mean by this, our constantly changing and increasingly competitive business world and the ever rising cost of doing business. You can't stop discounting, you can't stop expansion, etc. but, there is one area that you can become healthier and stronger and build a solid respectable professional image—and this can be thru a sound relationship with your pharmacist.

As I have previously mentioned this has to be a combined effort—that is consideration on both sides—that of the employer and that of the employee. However, this can only be brought about by leadership on your part. Leadership in developing the potential in employees so that they get maximum satisfaction out of their job and give their best efforts to you as their employer.

Our pharmacists are responsible for our prescription business and we certainly realize the importance of this prescription business in the communities in which we operate.

The future of successful community pharmacy depends on us being able to maintain a respected image and again the responsibility for this maintainance will rest with our pharmacists. Those of us who are interested in seeing that this process is successful are therefore genuinely concerned with Pharmacist Employee Relationships.

I am proud of Peoples Drug Stores and I am proud of the fact that I am employed by them. It may appear to you that I am here to beat the drum and blow the bugle in their behalf—I am not. What I am attempting to reveal is that we feel that our experience with pharmacists have been reasonably successful and, that in some way, you may be able to apply some of these policies in your own operation.

Whether you like this statement or not I think it is true—particularly of the better qualified pharmacist—and that is—he considers himself something of a prima donna—and may be rightly so—in that he has a qualification to offer—something that has to be bargained for. A talent, a knowledge, and an ability that he expects fair exchange from his employer for.

It has been said many times recently that, "There is no shortage of pharmacists, there are just too many drug stores." I agree with this only in part from my own observations. True—there may be no shortage of pharmacists—but there is definitely a shortage of qualified pharmacists. These pharmacists who we term qualified are the boys and girls that will make our profession proceed in the right direction so, consequently it should behoove all of us to program our efforts in an attempt to create conditions that will be inviting for these individuals to grow and remain a part of our organizations.

An as employer what are the conditions relative to providing an atmosphere which will be conducive to obtaining a satisfactory performance?

Basically they are: Security - Recognition - Environment and Leadership.

Security:

Security is essentially the satisfying of the employee's basic needs for food, shelter, clothing and the protection of himself and his family.

Included under this is security of employment and benefits, such as hospitalization and medical plans, vacations, pensions and all of the other considerations which are so very important in today's packaged benefit program.

These are things that the employee pharmacist expects and is entitled to. He is entitled to a fair wage—he is entitled to reasonable hours and he expects to enjoy the privileges of employment that other people in our every day society enjoy.

The very nature of pharmacy—which is to render service and aid to the community has dictated that in many cases the hours are not very appealing for an employee pharmacist. It is becoming increasingly apparent that today's pharmacists are looking for more realistic working schedules than we have previously experienced. This is one of the areas that is due consideration and, in many cases, you will find consistent regular schedules are more appealing than salary alone.

In mentioning salary and wages I would like to point out that contrary to what many people think—salary, although important, is not the most essential factor in satisfying an employee—it is a combination of many things all directed toward creating a harmonious relationship between employer and employee.

Environment:

Another area of importance to a conscientious pharmacist is the physical climate in which he performs his job. He is entitled to practice his profession in an area in which he will be proud of and one which is in accord with the ethical and professional standards of pharmacy.

As I mentioned previously—prescriptions come first at Peoples and, all of you, I would assume adopt essentially this same reasoning for your own store. Now, if all of us—owners and employers—accept the "prescription first" attitude we must provide prescription departments that will enable us to substantiate this claim.

This involves clean, fresh, complete inventories—a clean modern well equipped pharmacy that is prepared to offer complete prescription service. There should also be various professional publications and periodicals available, plus all of the official and necessary non-official references.

Our obligation in this area is to provide the employee pharmacist with an environment which will enable him to practice pharmacy completely and accurately and in so doing this to fulfill his professional obligations honorably.

Recognition and Responsibility:

In addition to security and environment the accomplishment of personal recognition is the most satisfying compensation that an employee seeks.

Surprisingly recognition or lack of recognition results in more dissatisfaction and discontent than any of the things previously discussed.

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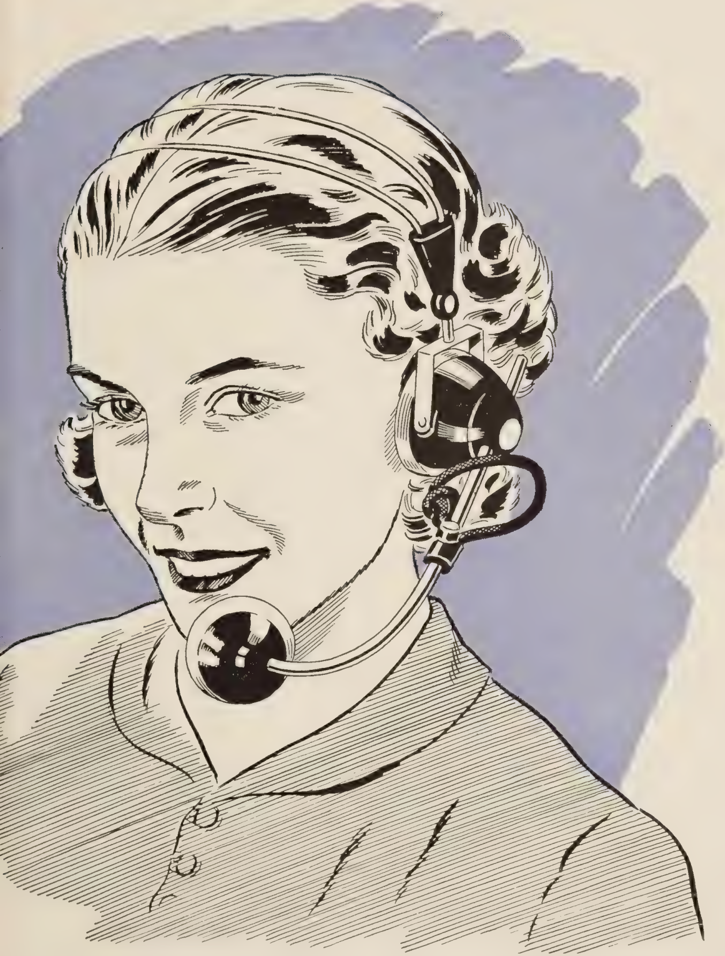

Recognition goes hand in hand with responsibility—Give a man enough responsibility and recognition will come to him as a by-product.

There are many ways and means by which a pharmacist receives this. He receives recognition upon his graduation from a college of pharmacy. He receives recognition upon successfully completing his state board examinations and again when he is employed as a registered pharmacist. But these are inherent. Any pharmacist possessing the talents enabling him to graduate from school, to pass his board examinations, and to find employment is automatically entitled to this acknowledgement by his heritage.

However, what additional recognition is he entitled to as your or my employee?

Certainly, without going into detail, he is entitled to the respect and recognition of his position which his training has qualified him for. This is an obligation which all of us should grant to a pharmacist in recognition of his accomplishments and his status. When a man's efforts entitle him to recognition as an individual—how is this best accomplished? There are many ways: good salary, job security, promotions, fringe benefits, and other rewards but primarily, the personal verbal acknowledgement of appreciation from employer to employee does more to satisfy an employee's quest for recognition than anything else.

Personal acknowledgement is much neglected in our current business world and many employers feel that the offering of increased salaries and benefits take the place of this individual recognition. This is not true—Sure salary is certainly appealing to all of us, but our dignity requires something else—which is as I have said sincere, honest, personal recognition.

When an employer fails to extend this consideration he will certainly lead his people into complacency—and this one thing—complacency—will cause anyone to stagnate beyond recovery. Complacency has no place at all in employer-employee relations.

Leadership:

These topics that we have discussed, however, can only be carried out and administered through good leadership. A pharmacist has the right to expect good leadership from his employer. Regardless of what the employee's status is—he is only satisfied if he knows what is expected of him and what he can expect from his employer. This is essentially a process of communication.

Managers and owners, all too often, assume that an employee out of loyalty will accept and perform in the traditional manner of the organization. This is far from correct and in most cases will run counter to established policies. People without proper leadership and guidance—provided they stay within the organization will either tend to fight policy or accept them by becoming apathetic. Apathy actually is worse than fighting because it is harder to detect and correct. However, both are bad conditions and are a direct reflection of a definite weakness in leading and challenging employees to greater and more satisfying accomplishments.

The only reason that unions and guilds have made the in-roads into pharmacy today is because these pharmacists were looking for leaders. If pharmacy can provide proper leadership and communication between the employer and employee there would be no reason or cause why we should have to have any outside organization administer policies within our own realm.

Now, basically all I have discussed has been the areas of management responsibility towards the employee—what about the employee's responsibility towards management?

In this foregoing philosophy please do not think that I am advocating a buttery, tender, kind of employee rela-

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tions—The "one big happy family" concept does not accomplish the aims and goals we are looking for in achieving successful operations.

I do not mean a return to the 65 and 70 hour week at substandard wages or any other inhuman policies—I do mean that by recognizing the individuals assets, through his employers considerations, that we will effect a balance between the employer's responsibility to the employee and the employee's responsibility to return a fair and reasonable performance for this consideration.

Briefly, we should expect a pharmacist to conduct himself in a manner befitting his heritage which will bring respect and confidence not only to himself but to the employer whom he represents.

Pharmacist Employer-Employee Relations

An Independent Owner's Viewpoint

By
Samuel F. Higger,
Higger's Drugs, Inc., Washington, D. C.

For our purposes in this presentation, I wish to speak of pharmacy as a business rather than profession and the relation of the employer to his staff generally rather than just to the pharmacist.

Two problems are basic and first:

1. How to do enough business for at least a moderate successful result.
2. How to get, handle, develop and keep the right people to work for and with you so you can stay in business.

The independent in business today shares many problems with the chain. But one basic thing is common: NO BUSINESS CAN LONG SUCCEED WITHOUT GOOD PERSONNEL — regardless of the skill and drive of the management.

The chain tends to be more impersonal. It usually has the advantages of power, money, operating momentum, and PARTICULARLY the development of selected, able, trained people in the upper echelons of administrations and management. Organization, departmentalization, delegation, accounting—to mention a few—are usually developed far beyond the ability of the independent. However, here the performance of the employee at the customer line is most important too.

There is need for the personal expression and specialized functions usually offered by independents. The independent and his staff may achieve a higher degree or personal satisfaction and return than the same individuals would attain elsewhere. Difficult as it may be, personnel approaches are even more vital for the independent than for the large organization relatively deep in human resources.

Operation of the independent pharmacy, we all know, is generally a grinding daily process of keeping up with the many chores and demands and trying to keep up with change. Very often, this attrition produces a compromise between doing what is most pressing and what might be done under better conditions.

We know, of course, that the more we can accomplish above minimum function, the more we can expect to be successful.

Primary is the selection, training and development of personnel.

A business presently assumes a character and an identity derived from the attitudes and methods of its operation.

The employer must have and practice what he wishes to express as his business policy — his purposes, standards, methods. This is basic. Some are hit and miss, and do not realize its importance, if there is an honest intent to build something worth while.

If we proceed on the belief that a business, however slowly, developed on principles of integrity, effort, sound, reasonable policy, with honest attitudes

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toward customer, supplier and employee, has a better chance of doing well and surviving, here are some considerations.

If not on a moral, ethical basis, but a realistic and pragmatic one, I do believe we are correct in such a program.

Generally, the employer should have the same attitudes to his staff as he does to his customers: the qualities of honest, clean operation, fairness, willingness to serve, courtesy, patience (how trying this can be), as well as leadership and willingness to teach if he can.

Employers cannot expect their employees to be honest, dependable, sincere and willing if they are not. The employer cannot cut corners and have a shoddy attitude without this affecting the people under him adversely.

The employer should study and set up a realistic, constructive policy for HIMSELF with regard to his employees for his own guidance. One that will help him make the most of his opportunities. Here are some phases:

INTERVIEW: Use an application form for the prospect to fill out in his own hand. It is best to use your own, tailored to what you have in mind, but be sure to use one. Simple, fair questions to give you a picture of background, record, interests, responsibilities and provision for your own notes and record should be developed.

A sloppy, poorly completed, too slowly done form will help you appraise. Let or get the applicant to talk. You may learn more in a few minutes than weeks or trial will provide. Too much fixation on salary, hours, benefits rather than on duties, operating needs and potentials is a poor index, as most employers know.

Although somewhat rare, willingness to learn, improve and be useful should be evident at least to some degree.

HIRING: Conditions should be stated clearly and truthfully, Duties and performance expected as minimums should be indicated.

Most useful and desirable—this can be stressed—is a simply, clearly drawn manual describing policies (very important), routines, mechanics, duties. At least a general one for all staff members, particularly those who meet your patrons.

For larger operations there should be one for each category of staff: managers, pharmacists, sales people, stock, porters, drivers. This may seem like a lot of work for some to prepare, if you have not yet done this. Assemble your knowledge and wishes, classify and organize them and the job is not as difficult as it looms.

If properly done, this can be of the greatest VALUE. Copies should be given to all employees. There should be periodic discussions and re-readings of the manual, singly or in groups.

The new employee should be introduced to the staff. Where possible, assign a more experienced and dependable staff member to help the newcomer learn his way.

DEVELOPMENT: The employer must study what he wants in operations and how to best get results.

There should be RULES clearly stated in a manual, as suggested, or else posted or distributed. Rules must be simple, sensible, reasonable and WORKABLE most of the time. The employer can be respectfully firm without being inflexible or arbitrary. As human beings dealing with other human beings, we all know there are times when it is best to overlook matters.

To achieve patterns of adequate efficiency — cooperation with some flexibility of give and take—make your rules carefully. Avoid all unnecessary regulation.

From these approaches, here are both suggestions and a summary:

1. See that you have definite operating policies and standards. Try writing down what you think and what you do. It may help you organize.

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2. Carefully chart and define procedures and work rules—simple, clear, basic.
3. Combine both into a manual. Again, make it basic, simple. Do not try to cover everything.
4. Do not take for granted this is all. Review your thinking and directions with the employee periodically. Make sure he understands what you are trying to accomplish.
5. Take time to explain the whys and wherefores of wanting certain things done in certain ways; that adequate to better results can be gotten more simply, with less wear and tear, and with more later benefit to all concerned.
6. Avoid making unnecessary exceptions so as not to run the risk of creating prima donnas and dissension.

   If a bad pattern looms, try to face it as soon as possible. However, valuable, a difficult, noncooperative employee can be very damaging to the other staff. The near or actual showdown is painful and we have all faced it. If management is wrong in part, admit it and correct if possible. Otherwise, reason fairly and firmly why the other party must conform for the welfare of the whole enterprise.
7. Be consistent. Make changes deliberately—only after thought. Be sure to explain why.
8. Insist that basic procedure be followed. Tell employees that when better methods come up you will be happy to use them. Welcome constructive suggestions. Invite them and mean it.
9. Thank the employee for constructive suggestion. If it is good enough, adopt it; give him credit and let the rest of the staff know who was responsible. While some people are unbelievably greedy about this, it is good to promptly and frankly give credit where it is due.
10. Make promises carefully. Be sure to keep those you do as promptly as possible.
11. Be careful not to expose your employees to unnecessary temptation. Do not leave cash or valuables exposed and unprotected if you can help it. There are some people who do not realize that there are goods, services, taxes, many things to be paid for before there can be a profit.
12. Back up and protect your employees. Patrons must be treated with care and courtesy, but you and your employees are entitled to the same. We can serve without being servile. Do not stand by and let your employee take abuse or unnecessary blame from customers—M.D.s or not. Your tact and ability may help you earn the respect of both parties.

A further note to those employees who reasonably qualify: there is a duty as well as many advantages if you share the benefits of your experience and knowledge constructively without show. Point out reasons for doing things, errors, and pitfalls to avoid. If your employee outgrows you partially as a result, you may be rewarded by having acquired a friend.

As an employer, I have directed my observations toward those who are employers. But, of course, the employee has responsibilities in these same areas. He must have an honest, willing, constructive attitude, even though he does not wish to progress beyond being a capable journeyman.

He should understand the values not only of good performance, but of a friendly, reasonable give and take attitude. Next to dishonesty, there is nothing more discouraging than a sour, grudging, inflexible, unnecessarily selfish attitude on the part of an employee, particularly one who has an important place.

The employee wishing to advance should carry out his delegated responsibilities to the best of his ability, look for and help develop better patterns and more productive ones. Also, if possible, he should try not to let his home or personal situations attend his work.

Particularly with the independent druggist, the reliable employee who is willing to put himself out, do some study, and tries to increase his worth, has reason to expect recognition, reward, advancement and security.

The employer who fails to so do to the best of his ability and generosity, who will not take the trouble and time to teach and share benefits of experience, is being wasteful of a most important asset. He can hardly expect good results in the long run.

To sum up, in our field, as well as nearly in all others, the securing, developing, holding and getting the benefits of good personnel is a most difficult area.

Most of us experience more disappointments than successes, even with much compromise. We must adjust, yet be careful not to drop our standards too low.

With effort and good luck we do get some good material. Then it is the employer's obligation and need to take studied steps to derive the most benefit, which, strangely, must benefit both parties.

I have tried and used most of the ideas I have stated. I cannot proclaim suggest and a perfect solution, but I am convinced that without understanding and effort along these lines, it is impossible to get a good result.

At least there is satisfaction and a measure of fulfillment when one really tries and finds enough result to make it worth while.

I wish you good luck in your efforts.

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*Post-Humously

Maryland Pharmacist Committee

Wilson Spilker, Chairman
Lou Rockman
Frank J. Slama, Board Advisor
Sam Sieger

Volume 22 JUNE 1964 No. 8

TAMPA Pre-Convention Meeting

The pre-convention meeting of TAMPA was held June 6th at Pellington's Iron Horse in the Yorkridge Shopping Center in Lutherville. Bill Pellington addressed the group briefly about the coming professional football season.

Arrangements for the 1964 Convention of the Maryland Pharmaceutical Association were reviewed by Nathan I. Gruz, Executive Secretary of the Maryland Pharmaceutical Association.

Plans for the TAMPA Extravaganza at the MPA Convention were presented by Mr. Al Callahan, Committee Chairman.

Mr. Richard Crane was selected to serve as Chairman of the Nominating Committee along with Mr. Edwin Kabernagel and Mr. Sheeler Read.

The Auditing Committee will be headed by Mr. Louis Rockman. Mr. Joseph Hugg and Mr. Larry Rorapaugh will assist on this committee.

Industry Personnel Notes

George H. A. Kommalan has been appointed vice president and general manager of the Borden Company's South East Ice Cream Division, with headquarters in Baltimore, Maryland, effective August 1, 1964. Formerly sales director, he will assume executive direction of the division from Albert Hendler, who retires as president but continues as chairman of the directing board.

Mr. Kommalan joined the Hendler Creamery Company, an operating unit of Borden's South East Division in 1937. He is a member of the Maryland and District of Columbia Dairy Technology Society, a member of the board of trustees of St. Joseph's Hospital, and a trustee and treasurer of St. Peter's School and Asylum, both of Baltimore.

Mr. Hendler is the son of the late L. Manuel Hendler, who founded Hendler Creamery Company in 1905. Hendler Creamery was acquired by the Borden Company in 1928, becoming the nucleus of its South East Division. Albert Hendler joined the company in 1934, and became president and chairman of the directing board of the South East Division in 1956.

The South East Division is responsible for the Borden Company's ice cream sales in Delaware, Maryland, the District of Columbia, southern New Jersey, eastern Pennsylvania, northern Virginia and eastern West Virginia.

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Baltimore Metropolitan Pharmaceutical Association

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WILLIAM C. ROSSBERG

For a 2 year term
CHARLES A. NITSCH
JOSEPH L. OKRASINSKI
PHILIP RICHMAN
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Ex-Officio—FRANCIS S. BALASSONE

PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

As you no doubt know at this time, Independent Pharmacy has suffered a serious reverse with the tabling of the Quality Stabilization Bill. Despite support for this measure in both the House and the Senate, the Q.S. Bill was tabled for this session. The fight for survival must go on and work must start immediately to prepare to resubmit this vital legislation at the next session of Congress.

Make a note . . . mark your calendar TUESDAY-WEDNESDAY-THURSDAY-AUGUST 18-19-20, 1964—the Annual Drug and Gift Show, sponsored by your association in and for your interest, will be held at the Blue Crest North. Attendance at our Show should be a MUST—the Show Committee, under the chairmanship of Don Fedder, is preparing to bring you a preview of fall as well as holiday merchandise. This energetic committee deserves your support. Help your association as well as yourself by coming and bringing a fellow member.

To those of you who have not yet sent in your dues, I would greatly appreciate your doing so now. Your association needs your support.

Sincerely,

IRVING I. COHEN
President

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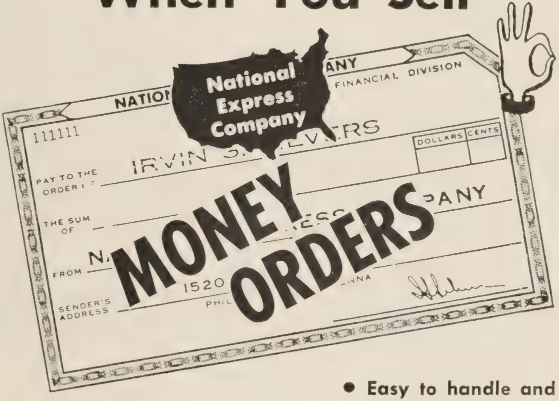
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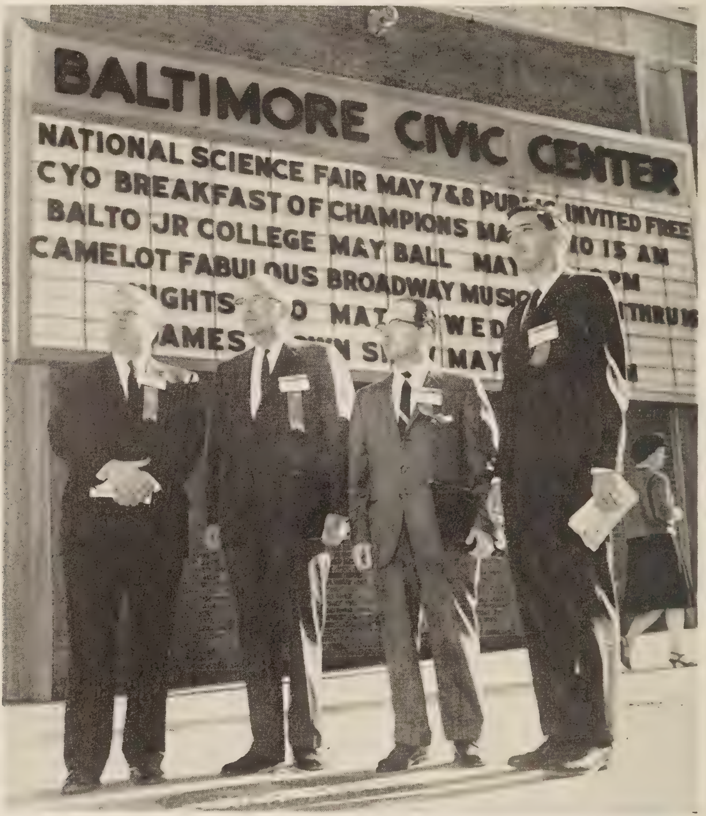
NEWS ITEMS . . . . . .

Maryland Pharmacists—Judges at National Science Fair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NIGHTS MAT WED
JAMES MAY

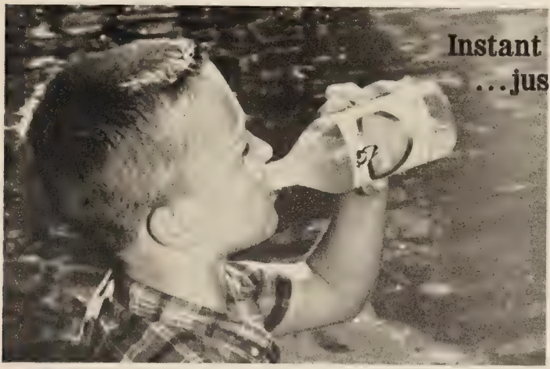
Left to Right: Victor H. Morgenroth, Jr.; Dean Noel E. Foss, Nathan I. Gruz, Theodore J. Benya

Levin Elected for Advisory Board

Norman J. Levin, past president of the Maryland Pharmaceutical Association, has been elected to the northwest regional advisory board of the Maryland National Bank.

The Board advises the bank's Baltimore County offices in Pikesville, Randallstown, Woodlawn and Woodmoor.

Dr. Levin, president of Fields Pharmacy, Inc. in Pikesville, serves as a commissioner on the Maryland Board of Pharmacy and is a past president of the University of Maryland School of Pharmacy Alumni Association.



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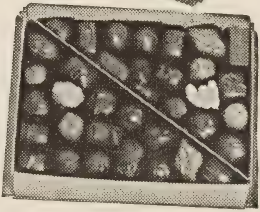

Noxzema Names Manager of Market Research

The Noxzema Chemical Company, Baltimore, Maryland, today announced the appointment of F. J. Harrison, Jr., as Manager of Market Research, a newly-created position. Mr. Harrison will be responsible for all phases of market research for all Noxzema products as well as for Noxzema's Cover Girl Cosmetics.

Mr. Harrison comes to Noxzema from the Nestle Company, White Plains, New York, where he was Supervisor of Consumer Research, handling studies on new products, packaging, advertising and all areas of consumer research on the company's products. He was previously associated with Lennen & Newell and Compton Advertising, Inc. in their respective research departments.

Mr. Harrison was born in Jamestown, New York and is a graduate of Johns Hopkins University. He served with the Air Force during the Korean War.

Married to the former Phylis Helen Burke of Mayville, New York, he is the father of three daughters. A former resident of Croton-on-Hudson, Mr. Harrison will make his new home in Baltimore.

PHARMACIST — 25 YEARS OLD. MILITARY OBLIGATION ENDS IN SEPTEMBER. POSITION WANTED WITH INDEPENDENT.

WRITE ANDREW F. KINDLE, 1018 SCOTT ROAD, SAN ANTONIO, TEXAS.

EXHIBIT AT MEDICAL CONVENTION — ALCAZAR
MAY 6, 7, 8, 1964

Pharmacy booth of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association

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NARCOTIC
REGULATIONS
INFORMATION
AVAILABLE
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CAN BE SA
TO BE REFIL

Left to right: Secretary Nathan I. Gruz, Samuel J. Sheller, John F. Fader, II, and Chairman Stephen J. Provenza.

Annual Meeting of The Medical & Chirurgical Faculty of Maryland

MAY 6, 7, 8, 1964

A card with the following information was handed at the Pharmacy booth at the annual meeting of Maryland's physicians.

ATTENTION!—PHYSICIANS, DENTISTS AND VETERINARIANS

TO SPEED YOUR MEDICATION TO YOUR PATIENT

- When you indicate **refill** instructions on your prescriptions, you prevent telephone interruptions and delays in medication.
- When prescriptions or refill authorizations must be given by telephone, you can prevent interruptions and medication delay by **your** telephoning the pharmacist.
- Narcotic laws require a written prescription for: Demerol, morphine, codeine (straight) and dihydrocodeinone (July 2, 1964).

Contact the pharmacist for complete drug information.

This Card Furnished As A Professional Service

MARYLAND PHARMACEUTICAL ASSOCIATION
Kelly Memorial Building
650 West Lombard Street • Baltimore, Maryland 21201

Golf Match and Dinner Held by Drug Exchange

The members of the Baltimore Drug Exchange had a day of fun and relaxation on June 10th.

Beginning the day's activities at the Country Club of Maryland on York Road was an afternoon of golf with prizes and trophies for the luckiest of the amateurs.

Cocktails were served at 6:30 followed by dinner at 7:30.

The speaker of the evening was the Honorable Thomas J. D'Alesandro III, President of the City Council of Baltimore.

Squibb Dedicates New Branch

Official dedication of E. R. Squibb & Sons' new half-million dollar branch facility in Cheverly, Md. was held June 7th with Congressman Carlton R. Sickles, from Maryland, cutting the ribbon marking the unit's formal opening.

Squibb executives J. J. Toohy, senior vice president, A. J. Griglack, branch manager, R. F. McDonald, government service manager, R. M. Mace, regional manager, and F. J. Stock, general manager, participated in the ceremonies which included open house attended by a number of government officials, physicians, pharmacists, dentists and other members of the medical and pharmaceutical professions.

Squibb's new branch building is the firm's first such structure in the Washington area. It covers more than 50,000 square feet and contains fully automated shipping and conveyor equipment for large-volume handling of the firm's more than 500 different medicinal products.

Squibb is a Division of Olin Mathieson Chemical Corporation.

N.A.R.D. Convention

GROUP TRAVEL AVAILABLE
SAN FRANCISCO - HAWAII
LOS ANGELES - LAS VEGAS

This year the National Association of Retail Druggists will hold its annual convention in San Francisco, California, America's most fascinating and popular convention city.

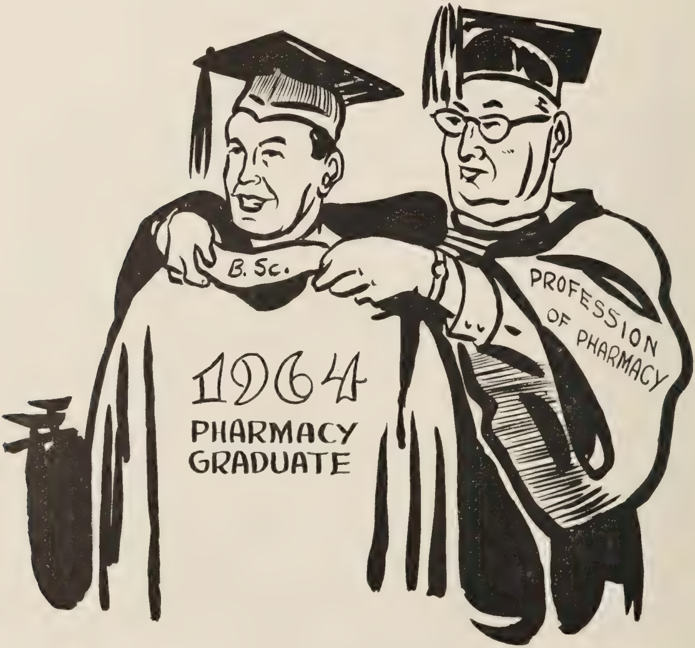
We are most anxious that our membership shall be given the opportunity of taking advantage of the savings involved in the use of group travel to this meeting and in post-convention tours. In order that this arrangement can be properly handled, we have asked Travel Guide Agency, 416 N. Charles Street, Baltimore, Maryland 21201, to prepare for us convention travel plans and post-convention tours.

Two post-convention tours have been arranged, one 15 day trip: San Francisco-Hawaii-Los Angeles; and one 11 day trip: San Francisco-Los Angeles-Las Vegas.

These arrangements are the most comprehensive and involve the finest hotels—all at considerable savings.

In addition, a special group fare will be available for those who wish to visit San Francisco for the Convention and return immediately to Baltimore.

It is our hope that you will take advantage of these arrangements and that the Maryland Pharmaceutical Association and its friends will have a large representation at this meeting.



"CONGRATULATIONS ON GRADUATING INTO OUR RANKS!"

For further information and reservations, please contact Mr. Charles McCourt at the Travel Guide Agency, 416 N. Charles Street, Baltimore, Maryland 21201 (SAratoga 7-0680).

Maryland Pharmaceutical Association Attendance At The N.A.R.D. Convention and Post-Convention Tour

San Francisco - Hawaii - Los Angeles

15 Days

Sun., Oct. 4th—Depart Baltimore via Jet flight direct to the San Francisco International Airport.

Oct. 4th to Oct. 9th—This time will be spent in San Francisco for attending the various meetings and functions of the N.A.R.D. Convention, while visiting the lovely environs of America's most popular convention city.

Fri., Oct. 9th—Depart San Francisco via United Airlines Jet flight to Honolulu.

Upon arrival in Honolulu, the group will be taken with baggage to the magnificent Hilton Hawaiian Village Hotel, where they will be accommodated with twin-bedded rooms with private baths.

Oct. 9th to Oct. 15th—HILTON HAWAIIAN VILLAGE HOTEL, HONOLULU

During your stay in Hawaii, there will be a lovely Circle Island Tour of Oahu, and the very famous Pearl Harbor Cruise will also be provided.

Thur., Oct. 15th—Depart Honolulu by Jetliner to Los Angeles.

Upon arrival in Los Angeles, the group will be transferred with baggage to the magnificent Beverly Hilton Hotel, where reservations will include twin-bedded rooms with private baths.

Oct. 15th to Oct. 18th—BEVERLY HILTON HOTEL, LOS ANGELES

Included in your stay in Los Angeles will be a half day tour of Beverly Hills and the beautiful California Beaches.

Sun., Oct. 18th—Depart Los Angeles in the morning by jetliner for your return flight to Baltimore, arriving in Baltimore in the late afternoon.

* * * *

Tour rate is $585.00 per person, including complete airline tickets, hotel accommodations in Honolulu and Los Angeles, sightseeing as specified, and transfers of passengers and baggage from airports to hotels and vice-versa in Honolulu and Los Angeles. (plus Federal Transportation Tax)

Maryland Pharmaceutical Association Attendance At The N.A.R.D. Convention and Post-Convention Tour

San Francisco - Los Angeles - Las Vegas

11 Days

Sun., Oct. 4th—Depart Baltimore via Jet flight direct to the San Francisco International Airport.

Oct. 4th to Oct. 8th—This time will be spent in San Francisco for attending the various meetings and functions of the N.A.R.D. Convention, while visiting the lovely environs of America's most popular convention city.

Thurs., Oct. 8th—Depart San Francisco via United Airlines Jet flight to Los Angeles International Airport, late afternoon or early evening.

Upon arrival in Los Angeles, the group will be taken with baggage to the magnificent Beverly Hilton Hotel, where they will be accommodated with twin-bedded rooms with private baths.

Oct. 8th to Oct. 11th—BEVERLY HILTON HOTEL, LOS ANGELES

Included during your stay in Los Angeles will be a half-day tour of Beverly Hills and the beautiful California beaches, and a full-day tour to Knott's Berry Farm and Disneyland.

Sun., Oct. 11th—Depart Los Angeles via Trans World Airlines Jet flight to Las Vegas.

Upon arrival in Las Vegas, the group will be transferred with baggage to the magnificent Tropicana Hotel, where reservations will include twin-bedded rooms with private baths.

Oct. 11th to Oct. 14th—TROPICANA HOTEL, LAS VEGAS
During your stay in Las Vegas a half-day tour to Lake Meade and impressive Hoover Dam will be offered.

Wed., Oct. 14th—Depart Las Vegas in the morning by Jetliner for your return flight to Baltimore, arriving in Baltimore in the late afternoon.

* * * *

Tour rate is $376.00 per person, including complete airline tickets, hotel accommodations in Los Angeles and Las Vegas, sightseeing as specified, and transfers of passengers and baggage from airports to hotels and vice-versa in Los Angeles and Las Vegas. (plus Federal Tax)

Small Business Hails Decision Of United States Supreme Court Upholding Ohio Fair Trade Law

Small business in America is given a new lease on life by the decision of the U.S. Supreme Court upholding the constitutionality of the Ohio State fair trade law, according to Willard B. Simmons, executive secretary of the National Association of Retail Druggists and chairman of the Bureau for the Advancement of Independent Retailing.

The decision came in an appeal by Hudson Distributors, Inc., a Cleveland discount house, in a case involving Eli Lilly and Company and The Upjohn Company, pharmaceutical manufacturers. Hudson had challenged the constitutionality of the Ohio fair trade law which contains a "contract by notice" provision. The Ohio Supreme Court had held such contract by notice as valid under due process as it relates to the state constitution.

Crucial Time

"This most welcome decision by our highest court comes at a crucial time in the life of small business," stated Mr. Simmons. "It is particularly gratifying because it is an 8-to-1 decision.

"Small business is under attack in the marketplace," Mr. Simmons said. "It is the victim of customer-bait merchandising practices, usually by giant retailers, which the Ohio fair trade law was enacted to curb.

"The decision not only gives new hope to the more than 1,500,000 independent retailers of the nation who are the backbone of our small business economy. It may well encourage Congress to accelerate its consideration of the Quality Stabilization Bill introduced in the House of Representatives by Rep. Oren Harris, chairman of the Committee on Interstate and Foreign Commerce, and in the Senate by Senator Hubert H. Humphrey, Assistant Majority Leader; and sponsored or co-sponsored on a non-partisan basis by 30 other members of Congress.

Hesitation Unnecessary

"The decision eliminates, once and for all, the necessity for Congress to hesitate in its consideration of the quality stabilization bill on the grounds of questionable constitutionality.

"For small business, for manufacturers seeking to protect their trademarks against damage by virtue of unfair competitive practices—and, we believe, for the country as a whole—the decision takes rank with the famous Old Dearborn decision as a progressive forward step in the nation's complex of laws against unfair competition."

The Old Dearborn decision, an 8-to-0 decision, was handed down in 1936. It upheld the constitutionality of state fair trade laws. Thereafter many states enacted their own fair trade laws until 45 states had such laws. Today, by virtue of adverse decisions by state courts of last resort, state fair trade laws are fully valid and enforceable in 23 states.

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IT'S NATIONAL
FOR THOSE
WHO THINK
QUALITY

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Manufacturers of Fine Pharmaceuticals for over 45 years
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APhA Awards Presented By President Gillespie At National Science Fair

High school students from Michigan and Florida were selected as recipients of the American Pharmaceutical Association Awards at the 15th National Science Fair-International held in Baltimore, Maryland. Suzanne Kirk of Fairgrove, Michigan and Benny Ribelin of Indialantic, Florida were named for the honors by APhA president Robert J. Gillespie at the Health Awards Dinner-Dance on May 7.

The first-place plaque and invitation to attend the APhA annual meeting in New York City went to 17 year old Benny Ribelin for his project "Antagonistic Effect of Snake Venoms on Staphlococcal Infections." He worked out a technique for milking the snakes then isolated the antibiotic of the venom and studied its effectiveness on staphlococcus. The research problem has been conducted over a period of more than two years. Benny will graduate from Melbourne High School this year and plans to enroll at the University of Florida in Gainesville to prepare himself for a career in medical research. His trip to Baltimore was sponsored by the 1st Brevard-Indian River Regional Science Fair, in Melbourne, Florida.

For her project "Effects of Tranquilizers on Turtle Heart" sophomore Suzanne Kirk was awarded the APhA honorable mention plaque. Her study of Promazine, Librium and Thorazine showed them having a direct effect on the living turtle heart, generally acting as depressants. She made all her equipment from materials available in her home. One of the youngest participants in National Science Fair-International, Suzanne is a student at Akron-Fairgrove High School and won her trip to Baltimore through the 7th Thumb Regional Science Fair in Ubly, Michigan.

Judge for the pharmacy awards were Dr. Noel E. Foss, dean of pharmacy, University of Maryland; Theodore J. Benya, director of pharmaceutical services, University Hospital; Nathan I. Gruz, secretary, Maryland Pharmaceutical Association; and Victor H. Morgenroth, Jr., community pharmacist, all of Baltimore. They spent many hours evaluating the 420 projects from 222 fairs in 46 states, the District of Columbia, Puerto Rico, Canada, Japan and Sweden.

The traditional health awards dinner-dance is the occasion for announcement of award winners of the four sponsoring health professions. In addition to Mr. Gillespie, the president of the American Dental Association, American Medical Association and American Veterinary Medical Association announced their recipients. Presidents of the four corresponding state associations were present also to honor the outstanding science students of the nation. Mr. William A. Cooley, community pharmacist of Cumberland, is president of the Maryland Pharmaceutical Association and represented all pharmacists of his state.

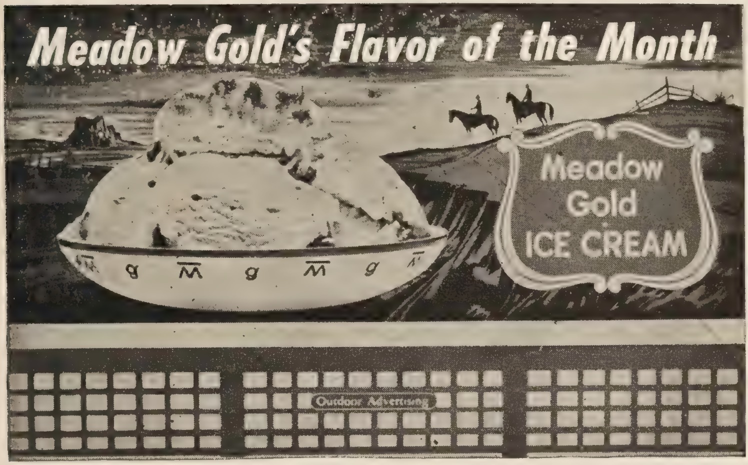
Pharmacist Mel R. Osborne of Toronto, Ontario was a special guest at the dinner-dance. In his capacity as vice president of Kiwanis International he was in Baltimore to participate in the National Science Fair-International which was under the auspices of the North Baltimore Kiwanis Club, the Johns Hopkins University and the Martin Company.

The 1965 National Science Fair-International will be held in St. Louis, Missouri.

Drug Research

The combination of ethionamide, a newer anti-tuberculosis drug, with streptomycin is as effective against the disease as the standard anti-TB drug regimen of isoniazid and streptomycin, the Veterans Administraion reported.

Dr. W. S. Schwartz of the Oteen, N. C., VA Hospital said the newer drug will be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"very useful, indeed" for TB patients who have failed to recover under other drug therapy and whose tubercle bacilli have become resistant to isoniazid.

Ethionamide cannot be recommended as a first treatment for TB, however, because it produces a rather high incidence of undesirable effects such as nausea and vomiting, as well as occasional liver toxicity, he said.

The two drug combinations were studied in 224 patients at nine VA hospitals over a period of six months.

OBITUARIES

CARL J. FLOM

Carl J. Flom, 67, an east Baltimore pharmacist for more than 32 years, died at his home May 7th.

A graduate of the University of Maryland School of Pharmacy, Mr. Flom opened a pharmacy at Baltimore and Wolfe Streets in 1914 and continued to operate it until 1946.

A veteran of World War I, Mr. Flom had also served with the Surgeon General's office in Washington.

Surviving him is his widow, Mrs. Ruth Blum Flom; a daughter, Mrs. Alvin Solganik; and a brother, Dr. Charles Flom.

DR. ARTHUR H. EISE

Dr. Arthur H. Eise, 70, a retired pharmacist who worked last at Norris's Pharmacy on Liberty Heights Avenue, died May 16th.

Born in New York, Dr. Eise graduated from the University of Maryland School of Pharmacy in 1914. While there, he received the Simon Prize for top scholastic achievement.

Dr. Eise, a member of St. John's Lutheran Church on Wylie Avenue, is survived by a sister, Miss Edna L. Eise.

He had also been associated with Hynson-Wescott-Dunning and with Sharp & Dohme.

DR. FREDERIC J. KIMSEY

Dr. Frederic J. Kimsey, 82, a retired Baltimore pediatrician, died June 22nd.

A native of Baldwin, Mississippi, he attended high school in Union City, Tenn. He practiced pharmacy in Baltimore while a medical student at the old College of Physicians and Surgeons.

DR. JOHN J. PIVEC

Dr. John J. Pivec, 70, a pharmacist in Highlandtown for many years, died June 12th.

He had worked at McGinty's Drug Store on Eastern Avenue since 1925 and retired recently.

Dr. Pivec attended Baltimore City College and graduated from the University of Maryland School of Pharmacy in 1915.

Survivors include two sisters, Mrs. Josephine Minch and Mrs. Anna B. Young.

DR. GEORGE C. MacLARTY

Dr. George C. MacLarty, a retired Baltimore pharmacist who had practiced his profession for nearly 60 years, died June 7th at his home on Westview Road. He was 78.

Mr. MacLarty, who graduated from the old Maryland College of Pharmacy in 1903, was born and raised in Monroe, N.C.

He operated a pharmacy at Gay and Exeter Streets beginning in 1910; another at 537 East Forty-first Street from 1925-53; and another from 1955-57 in Anne Arundel County.

He was a member of the Maryland and Baltimore Pharmaceutical Associations, Mystic Circle Masonic Lodge No. 109, Chesapeake Consistory of the Shrine, the Maryland Commandary of the Knights Templar, and the Alumni Association of the University of Maryland School of Pharmacy.

Surviving are his wife, Ursula Bradley MacLarty; a son, David C. MacLarty; and a daughter, Miss Harriet C. MacLarty.

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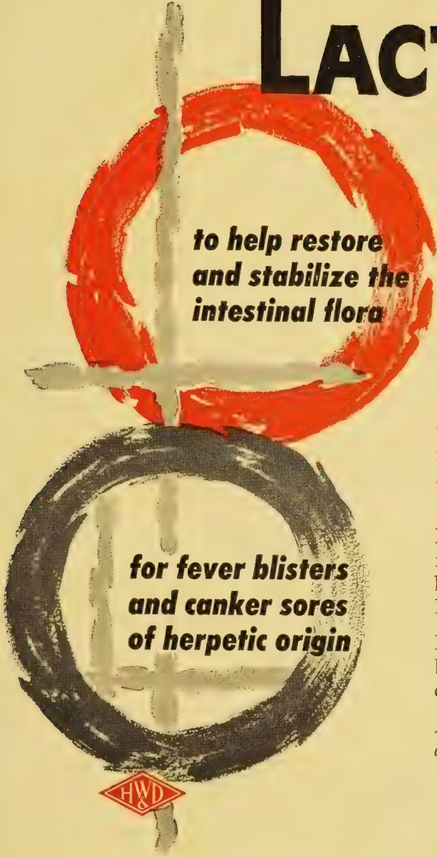

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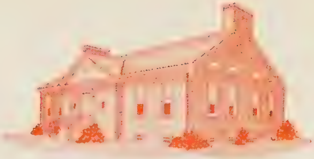

PHARMACY CALENDAR

NATIONAL PHARMACY WEEK

October 4-10

* * *

FALL REGIONAL MEETING

of the

MARYLAND PHARMACEUTICAL ASSOCIATION

in conjunction with

T.A.M.P.A. and L.A.M.P.A.

Thursday, October 22

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXIX JULY 1964 No. 10

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The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price $5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 3, 1879.

Editorial . . . . . .

The 82nd Annual Convention of the Maryland Pharmaceutical Association at the Shelburne Hotel in Atlantic City is now past history, but those who attended will remember the outstanding program of speakers as well as the unique entertainment features.

The pharmacists of Maryland were afforded the rare opportunity to hear both Dr. William S. Apple, Executive Director of the American Pharmaceutical Association, and Mr. Willard B. Simmons, Secretary of the National Association of Retail Druggists, discuss the critical professional and organizational issues confronting pharmacy.

In addition, there was a panel presentation on "reclassification of drugs" by a member of outstanding leaders from New York, New Jersey and Delaware.

The broadening opportunities for providing additional professional services such as convalescent aids, elastic health supports, medical equipment and hearing aids were presented.

What may prove to be of greatest significance was the announcement by representatives of the Maryland Division of the American Cancer Society of a unique Joint Cancer Education Program with the Maryland Pharmaceutical Association. For the first time anywhere, a year long cooperative campaign will be conducted by pharmacists and the Cancer Society. Mr. Edward F. Tormay, Executive Director, and Mr. F. Eugene Donnelly, Director of Public Information, outlined the program, which is detailed elsewhere in this issue.

This project is an opportunity for pharmacists to contribute to the advancement of the public health through a program directing the public to their community pharmacies for vital information and counsel. Newspapers, radio and TV will inform people for the next twelve months to visit their pharmacies for this service.

Make sure you are prepared. Return the postcard mailed to you at once signifying your participation.

Support Your Associations

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Congratulations and Best Wishes

to the newly elected officers of the

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and

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President's Message . . . . . .

Dear Fellow Members:

I consider it a great privilege and personal honor as president of the Maryland Pharmaceutical Association for 1964-65 to extend greetings to all our members and to those who support our efforts.

The various committees of the Association work throughout the year on your behalf. They are charged with carefully giving consideration to current problems and to planning so as to be prepared for future developments. The Executive Committee receives recommendations from the committees which are used as the basis for determining Association policies and programs.

When you receive notification of appointment to a committee, I hope you will serve and accept the responsibilities of helping to advance your profession. Bring ideas to committee meetings and try to arrange to attend committee meetings.

It is my hope that all members will plan to attend and support Association meetings and programs. On October 22nd the Fall Regional Meeting will be held at Peter Pan Inn, Urbana, and on November 12th the 3rd Simon Solomon Pharmacy Economic Seminar will be held at Blue Crest North.

It is my hope that during my term of office the support of every member will be given to all our projects, including a membership campaign to enroll every pharmacist. We have had great increases in membership in the past few years. With your help I am confident that we can reach each prospect personally. Truly active members working together will produce progress for our Association and our profession.

Sincerely,

SOLOMON WEINER
President

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Secretary's Script . . .

A Message from the Executive Secretary

Reclassification of Drugs

Whether the present classification of drugs into prescription "legend" drugs and over-the-counter (OTC) drugs is adequate is a major issue in pharmacy today.

There are many who are convinced that many OTC drugs today possess properties that require some measure of control in order to safeguard the public health.

There are suggestions that some OTC drugs present hazards when made available to the public without professional control. The N.A.R.D. position is that drugs should be available only through pharmacies. The A.Ph.A has taken the position that there are some OTC drugs that should be available to the public when dispensed personally by a pharmacist. In addition, the A.Ph.A. recommends legislation establishing a category of prescription drugs which would be available on prescription only, but could be renewed at the professional discretion of the pharmacist.

There is mounting agreement that the present situation of indiscriminate distribution of OTC drugs is not serving the public health interest. It is important to stress that the first matter to be decided upon is policy—policy as to the general classifications of drugs that the protection of the public demands.

The details as to which drugs or pharmacological classes of drugs will fall into the various categories that new legislation would set up are matters that will be promulgated by the Federal Food and Drug Administration.

It is the F.D.A., of course, that currently decides on the status of drugs—legend or OTC.

The Maryland Pharmaceutical Association recognized the importance of this issue by presenting it as a panel program at the Convention. In order to provide further opportunity for clarification and discussion, the Fall Regional Meeting at Peter Pan Inn, Urbana, on October 22nd will be devoted to "Reclassification of Drugs."

Every pharmacist and those allied with pharmacy should attend this meeting,

Cordially,

Nathan I Gruz

Executive Secretary

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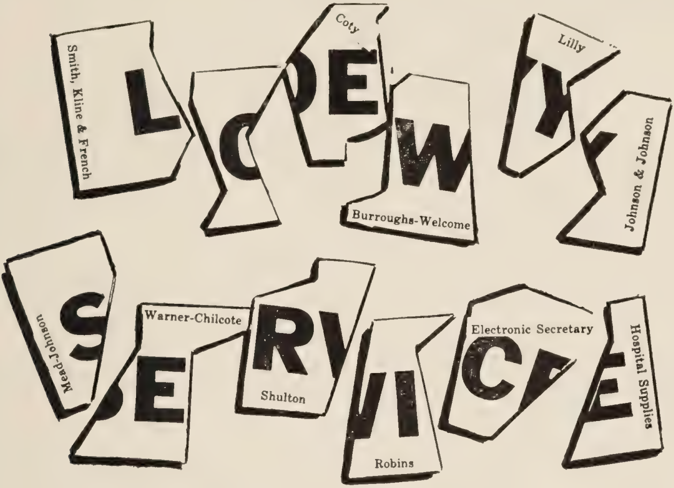
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Excempt Narcotics Warning from Federal Bureau

It is the responsibility of all persons dealing in exempt narcotic preparations to ensure that the preparations sold are for medicinial purposes only and not for abusive use or gratification of addiction. Also, it is the duty of registrants to keep proper records as prescribed by law and regulations.

A major contributing factor in the abusive use of exempt preparations is the unprofessional conduct of some registrants. The principal improprieties are laxity, imprudent judgment and indifference to the consequences of making continual sales to persons having no medicinal need.

Your help is urgently needed. Unless the professions and industry exert a greater effort to bring about compliance with the law, it may be necessary to impose additional restrictions and prosecutive action.

Simon Solomon Selected Honorary President

Mr. Simon Solomon, Baltimore pharmacist who has distinguished himself on behalf of his profession, was selected Honorary President of the Maryland Board of Pharmacy. He succeeded the late Dr. John F. Wannenwetsch.

In informing Mr. Solomon of the honor, Board Secretary F. S. Balassone said: "This token of esteem recalls the many years of service to pharmacy, and particularly to this Board. The assistance in fostering, promoting and endorsing legislation, which the Board has needed, is gratefully acknowledged.

Your cooperation in the passage of drug legislation in the interest of public health has assisted the drug control program of the State.

The very ready willingness to offer sound judgment and wise counsel is a source of gratification to the Board."

SMITH KLINE & FRENCH LAB

Smith Kline & French Laboratories has notified physicians that 'Parnate' (tranylcypromine) is available again. but with significantly revised prescribing information.

Principal new restrictions are:

— 'Parnate' should be used only in severe mental depression in hospitalized patients or those who can be followed closely and who have not responded to other antidepressant therapy.

— It should not be used in patients over 60 years of age.

— The maximum recommended dosage has been decreased.

Smith Kline & French withdrew 'Parnate' from the market in the United States under protest on February 24 following discussions with the Food and Drug Administration. The company and the F.D.A. reached agreement on revised labeling on June 15.

Only the prescribing information for 'Parnate' has been revised. The drug's appearance and composition are unchanged. It is available in 10 milligram tablets in bottles of 50, 500 and 1,500.

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School of Pharmacy, U. of M., News ......

UNIVERSITY OF MARYLAND, SCHOOL OF PHARMACY CLASS OF 1939 REUNION

Courtesy Paramount Photo Service

Left to right, first row: Irving H. Folus, Louis T. Sabatino, Daniel S. Baker, Eugene Jacobs, Angela R. Hackett Allen, Harry L. Rochester, Nathan I. Gruz, Harry Stone.

Left to right, second row: Maurice Wiener, Albert Binstock, Mario A. Sama, Manuel Miller, Joseph U. Dorsch, Alfred H. Alessi, Laurence L. Lieberman, Leonard Freedman.

Left to right, third row: Alvin Rosenthal, Victor H. Morgenroth, Jr., Albert Sachs, Louis L. Glaser, Jack Feldman, Joseph L. Obrasniski, Marion Shalowitz, Anthony J. Dobropolski, Irvin L. Kaminitz, Herbert D. Schneyer, Melvin Mutchnik, Jerome Mask.

Class of 1939— 25th Anniversary Reunion

The 25th Anniversary Reunion of the University of Maryland School of Pharmacy was celebrated on Thursday evening, May 21, 1964 at the Emerald Gardens with a dinner-dance, preceded by a cocktail party.

The 1939 graduates and their sponsors came from Baltimore, Washington, Salisbury (Maryland) and Newport News (Virginia).

Guests included Dean and Mrs. Noel E. Foss, Professor Emeritus B. Olive Cole, Dr. & Mrs. Frank J. Slama, Mr. & Mrs. F. S. Balassone and Mr. & Mrs. Herman Bloom.

The committee in charge was Harry L. Rochester, Chairman, Nathan I. Gruz, Jerome Mask, Victor H. Morgenroth, Jr. and Mario Sama.

After brief remarks by the guests, each alumnus spoke of some of the highlights of his experiences since graduation.

The deceased members of the class are: Katherine J. Parker; Lillian Passen; Morris Rosenburg; Louis Sapperstein.

Annual Meeting Alumni Association

The annual meeting of the Alumni Association of the University of Maryland School of Pharmacy was held Thursday, June 11th, at 8:00 P.M. in the Baltimore Union.

Dr. Frank L. Black of Baltimore, a member of the class of 1904, received a certificate of distinction for 60 years service to the profession.

Fifty-year certificates were presented to the following members of the class of 1914: Drs. Charles L. Armstrong, Samuel C. Cohen, L. Reyner Dukes, and Ferdinand Pross, Jr., all of Baltimore; Dr. Frank N. Britcher of Gettysburg,

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Pennsylvania; Dr. Claude E. Harris of Florence, South Carolina; Dr. Israel Liebmann of Tampa, Florida; and Dr. Harvey T. Todd of Anderson, South Carolina.

New alumni association officers were installed at the meeting and plaques were presented to the 1963-64 president, Milton A. Friedman, class of 1934, and Dr. Melville Strasburger, class of 1900, honorary president.

The officers elected for 1964-65 were:

President—Robert J. Kokoski

1st Vice President—Harold P. Levin

2nd Vice President—Aaron M. Libowitz

Secretary—Frank J. Slama

Treasurer—H. Nelson Warfield

Executive Committee

Milton A. Friedman, Chairman
Bernard B. Lachman
Dr. C. T. Ichniowski
M. T. Cummings
Solomon Weiner
John A. Fader
Nathan I. Gruz

A smorgasbord dinner at 6:30 P.M. preceded the meeting.

Officers of the Class of 1966 are:

President	William C. Moore
Vice-President	Charles Fleischer
Secretary	Joan Neiner
Treasurer	Anthony Courpas
Historian	Stanley Tannenbaum
SGA Representative	David Via

Officers of the Pharmacy Club, College Park Campus:

President	David Daniel
Vice-President	Arnold Dashoff
Secretary	Elizabeth Krawiecki
Treasurer	Karen Rosenbluth

Mr. William Edmondson, Class of 1966, has been elected President of The Baltimore Union Board, an organization on the Baltimore campus which represents all students living in the dorms (The Baltimore Union and Parsons Hall).

Dr. Benjamin F. Allen, Ph.D. ('49), Associate Professor of Pharmacy at the University of Maryland, School of Pharmacy, recently was elected as Vice-President from the Baltimore Campus of the Maryland Chapter of the Society of the Sigma Xi, honorary society.

ALUMNI NEWS—

Paul A. Pumpian, Secretary of the Wisconsin State Board of Pharmacy, has been elected President of the Wisconsin Chapter of the Federal Bar Association

Mr Pumpian also currently serves as a member of the Drug Law Committee of the American Bar Association, Chairman of the Committee on Legislation of the National Association of the Boards of Pharmacy, a member of the Board of Directors of the International Narcotic Enforcement Officers Association of which he served as Chairman of the Committee on Legislation last year and as Vice-Chairman of the Criminal Law Section of the Milwaukee Bar Association. Last year he was named a Consultant to the President's Advisory Commission on Narcotic and Drug Abuse after having served as a Delegate to the White House Conference on Drug Abuse.

Mr. Pumpian, a native of Baltimore and a graduate of the University of Maryland School of Pharmacy, served on the faculty.

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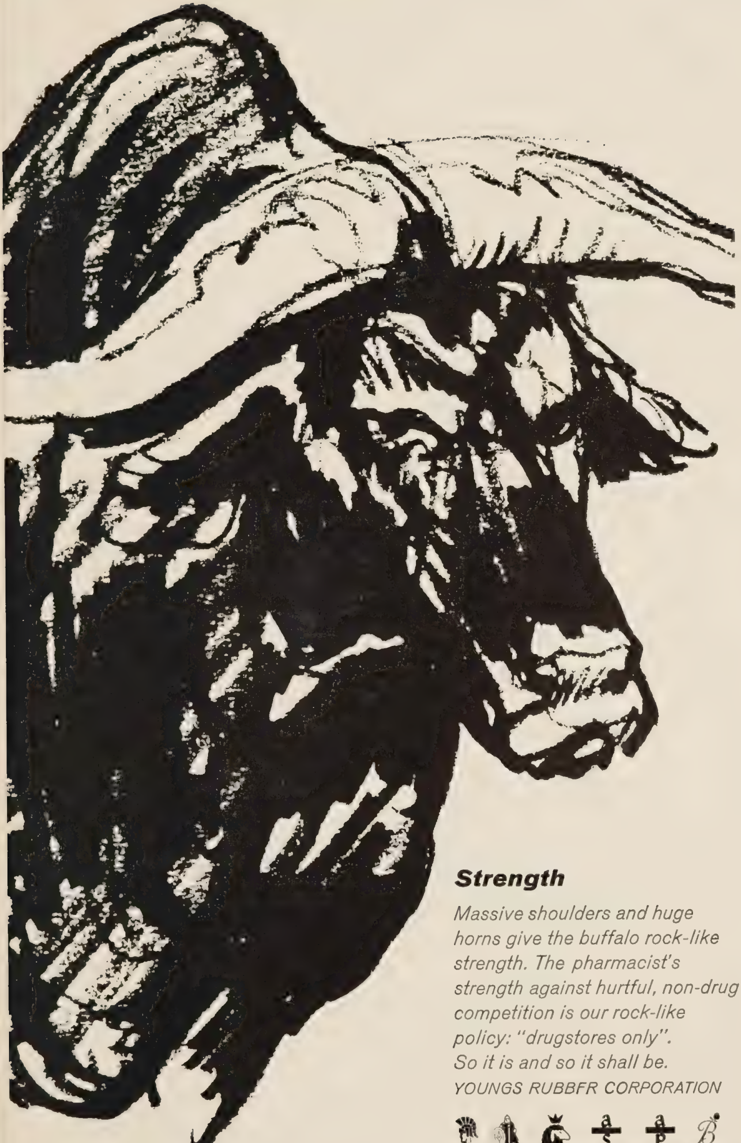

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Contributions . . . . . .

Polyunsaturates in Cosmetics And Dermatologics

By B. F. Allen, Ph.D.*

Almost since antiquity, the oleates of linseed oil have been used in skin products; cod-liver oil for burns, wounds and frostbite; mixtures of lime water and linseed oil for burns and scalds; and linseed and cottonseed oils in the manufacture of green soap (component of tincture of green soap).

It is written that Cleopatra always used safflower oil as a cosmetic and she evidently suspected that certain benefits could be derived from the use of this oil as a beauty aid.

Topical preparations containing so-called Vitamin F have been available. They enjoyed a lot of atention (about 25 years ago) because it was thought that, without it, the skin had to be dry and scaly. The term Vitamin F was used for linseed oil or a mixture of linoleic, linolenic and arachidonic acids.

More recently, inquiries have been made in the pharmaceutical press about an ointment containing Vitamin F99. This appears to be a product containing the ethyl esters of linoleic and linolenic acids.

The polyunsaturates have been referred to as those new beauty ingredients which are actual elements of young healthy skin. An unusual thing about these skin elements is that they drain away with time. Some tests have shown that at the age of 20, the skin contains about 50 per cent more polyunsaturates than it does at 40. Typical commercial examples are the following creams: POLYDERM (Matchabelli) contains essential polyunsaturates which "beauty feeds" the skin to a younger-looking radiance, vigor, etc.; and YOUNG PROMISE (DuBarry) contains newly discovered polyunsaturates for deeper, better penetration to help skin regain its soft, unlined look.

One of the principle constituents of polyunsaturates is reported to be necessary for the growth and nutrition of the skin. Oral administration of the polyunsaturates has been used in the treatment of psoriasis and related skin disorders due to a disturbed fat metabolism. Similar preparations have been utilized in topical therapy of allergic eczemas, dry scaly skin and dermatitis. (Recently, the lay press has advertised a dog food with polyunsaturates added. It is suggested for dogs with "problem" coats that are dull and lifeless due to a diet deficient in essential polyunsaturated oils. It is also stated that these natural oils are necessary for a healthy skin and coat with a show-glow luster, a true show of health).

In general, the term polyunsaturate means fats that are rich in unsaturated fatty acids (usually, as glyceryl esters). They are usually of vegetable origin and are liquid at room temperature (often called polyunsaturated oils). Coconut oil is an exception since it contains only 2 per cent unsaturated fatty acid.

Saturated fatty acids are most plentiful in hard, animal fats or in ordinary hydrogenated (solid) vegetable fats and shortenings. However, some of the more modern shortenings, etc. are being advertised as containing polyunsaturated fatty acids.

Chemically, the degree of unsaturation in fats and oils is measured by determining the iodine number, the percentage of iodine, or the equivalent, absorbed by the double bond in the oil (Example: Safflower oil iodine number 122 to 141).

If the oil contains only oleic acid, it has one double bond, and is not a polyunsaturate. If, however, the oil has fatty acid molecules with more than one

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*Associate Professor of Pharmacy, University of Maryland, School of Pharmacy.

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double bond (linoleic, linolenic and arachidonic acids) and an iodine number of more than 100, then it is called polyunsaturated.

The above is based on suggestions that fatty oils containing relatively large amounts of glycerides of linoleic acid may be beneficial in preventing the deposition of fats and cholesterol in the arteries. Oleic acid, for example, does not affect the formation of cholesterol and the progress of atheriosclerosis. Therefore, linoleic acid is considered to be an important essential unsaturated fatty acid. Presumably, under these conditions, the oil has now become endowed with the ability to retard the formation of cholesterol.

Oleic acid, $CH_3(CH_2)_7CH = CH(CH_2)_7COOH$, is a liquid (congeals at a temperature not above 10°C) obtained from tallow and other selected fats and oils. Colorless when freshly prepared, however, on exposure to air absorbs oxygen and darkens in color (yellow, then brown). Iodine number ranges from 85 to 95. Miscible with alcohol, fixed and volatile oils. A variety of grades are available commercially with exceptional light color and color stability under heat. This outstanding color stability guards against yellowing of finished preparations. The remarkable resistance to oxidation protects against development of rancidity and unpleasant odors.

Linoleic acid, $CH_3(CH_2)_4CH{=}CHCH_2CH{=}CH(CH_2)_7COOH$, is a colorless to yellow liquid (melting point—11°C). Insoluble in water but soluble in most organic solvents. Occurs as glyceride in linseed, cottonseed, poppyseed and other vegetable oils. Certain isomeric derivatives of it have a salutary action in the rejuvenation of atrophied subcutaneous tissues. Since the body cannot manufacture this acid, needed for such things as keeping the skin healthy, it must be supplied in food (linoleic acid is found in milk).

Linolenic acid, $CH_3(CH_2CH{=}CH)_3CH_2(CH_2)_6COOH$, is also a liquid and occurs as a glyceride in most so-called drying oils (unsaturated oils such as linseed oil). It generally is considered harmless but exerts a laxative action when taken orally, and is slightly irritating to mucous membranes.

Through special processing of vegetable fatty acids, one manufacturer produces a group of commercial linoleic acids (di-unsaturated), but which contain only small quantites of linolenic acid (triunsaturated). In comparison, unsaturated acids from linseed oil contain only small quantities of linolenic acid, which in many cases is undesirable (high proportions of linolenic acid result in yellowing of products). A typical composition of one grade follows: linoleic acid 62 per cent, oleic acid 28 per cent and linolenic acid 6 per cent.

However, another manufacturer who is primarily interested in the nutritional area, offers a linoleic acid of 99.5 per cent purity as well as a 55 per cent concentrate of linolenic acid.

Arachidonic acid, $CH_3(CH_2)_4(CH{=}CHCH_2)_4(CH_2)_2COOH$, is extremely unstable in the presence of oxygen, and not being contained in many foods, is synthesized in the body from linoleic acid in the presence of pyridoxine. It occurs as the glyceride in lecithin (a constituent of egg yolk) and cephalin (found in brain tissue). This fatty acid is commercially available in 90 to 95 per cent purity. Of some interest is the fact that both lecithin and cephalin (natural phosphorus containing lipoids) are ingredients of the fat of the skin and have been used in cosmetics and dermatologics.

Since linoleic acid is the principle polyunsaturated acid the following lists the approximate percentage concentration (figure in parentheses) of this essential fatty acid in oils and fats used in cosmetics, pharmaceuticals and foods: Safflower oil (76), sunflower oil (63), corn oil (57), soybean oil (51), cottonseed oil (50), sesame oil (43), linseed oil (20), olive oil (12), lard (6), butter (2), and coconut oil (2).

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Safflower oil has recently been suggested for use in cosmetics as (1) replacement for castor oil in lipsticks, (2) produce a desirable film flexibility in a liquid lip coloring and (3) replace the oily vehicle in emollient, vanishing and liquid cleansing creams, as well as liquid powders.

Of some interest, since sunflower oil ranks second in the aforementioned polyunsaturated comparison listing, dermatitis of hands and face of women engaged in picking sunflower seeds has been reported, however, eruptions ceased and all cases improved on discontinuation of the work.

A proposed oil-in-water mayonnaise-type cottonseed oil ointment base consists of cottonseed oil 85 per cent, polysorbate 80 one-half per cent, water 14.5 per cent and a sufficient quantity of preservative. This emulsion is best prepared by first adding the polysorbate 80 to the water, with stirring. An equal volume of oil is next added to make a pre-mix emulsion. This is then passed through a colloid mill, adding the remainder of the oil in 5 increments in succeeding passes through the mill. An oil-soluble preservative is dissolved in the oil, a water-soluble one in the water phase.

In addition to the aforementioned suggestions, this writer has noted the use of several common polyunsaturated oils in the following cosmetic formulations (name of oil and amount in parentheses): baby oil (sesame, 30 per cent), cold cream (sesame, 40 per cent), liquid brilliantine (cottonseed, 9 per cent), soothing lotion (linseed, 82 per cent) and suntan oil (cottonseed, 49 per cent).

An improved soapless shampoo is described in a U.S. Patent as consisting of surface active agents with an amide of isopropanolamine and liquid higher molecular weight fatty acids such as oleic, linoleic or linolenic acids or mixtures of these acids. The resulting shampoo is said to make the hair more manageable.

A variety of interesting compounds are available for the formulation of new and unusual hairdressings. But especially interesting by the very nature of their composition are the polyunsaturates such as Polylan (ester of lanolin alcohols and the essential fatty acid, linoleic), isopropyl linoleate and even safflower oil.

A dermatologic or similar use for polyunsaturates is illustrated by the following commercial products: AQUOL (liquid bath oil containing vegetable and olive oil with nonionic emulsifier), INTHOL (oil bath additive containing polyunsaturated vegetable oil, lecithin phospholipids, isopropyl palmitate, polyethylene glycol 400 dioleate), LINOLESTROL (ointment containing linoleic and linolenic acids, lecithin and cholesterol), LUBATH (cottonseed oil rendered dispersable in bath water by addition of nonionic surfactant) STERIFOAM (nonionic polyunsaturated fatty acid oil emulsion, add to bath or use as lotion), VYTONE (cream containing hydrocortisone alcohol and diiodohydroxyquinoline in a greaseless vegetable oil vehicle).

According to one report, wheat germ oil is suitable for the preparation of the widest variety of cosmetics. The cosmetic value of this oil lies in its high content of essential fatty acids of the type of Vitamin F. The use of all germ oils (including rice and corn germ oils) because of their origin and the chemical composition of their fatty acids are particularly suitable for the development of cosmetic specialties of all kinds and are frequently superior to other vegetable oils.

New and unusual ingredients are being surveyed and proposed almost daily, for use in the cosmetic and pharmaceutical industries. One of these is body oil rendered from mink fat, which is being processed as a by-product of the mink ranching industry. An analysis of the fatty acid constituents of this oil indicates the presence of polyunsatu-

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rated acids (12.3 per cent linoleic and others).

This product appears to have unique properties. Its physical mobility, and its substantial content of unsaturates, may commend it to attention for specialized applications, particularly in connection with the skin, the hair and the nails. (Example: Blue Mink Shampoo—Lawrence Pharmaceuticals). There are more than 100 firms that have incorporated mink oil in their products, however, in a number of cases the firms have not identified the material on their labels.

The composition of human sebum (mainly the oil secretion of sebaceous glands) has often been reported as containing approximately 28 per cent of free fatty acids (saturated and unsaturated). The principle unsaturated one is oleic acid, however, linoleic and linolenic acids are also present. The self-sterilizing property of skin may be attributed to long chain unsaturated fatty acids. Oleic, linoleic and linolenic acids might also act as protective agents on the skin against some types of infections (especially fungus).

Many a new ingredient has appeared in recent years which is said to be a synthetic duplication of sebum, the natural oil. The similarity between these ingredients and skin lipids helps to physiologically correct dry skin conditions. Therefore, it is likely, that the effectiveness of many recently proposed emollient ointments and lotions would be increased by the addition of polyunsaturates to the formulation.

Specialty creams are often products containing ingredients featured on the cosmetic label. At times, no doubt, it is the pressure for something new and different that has put the spotlight on the so-called "miracle ingredients" or "exotics" featured in these preparations. Quite recently one writer has suggested a cream of this type containing 2-46 per cent of safflower oil. Although it is debatable at this time whether or not safflower oil is beneficial to the skin, the product would probably enjoy an excellent market.

Polyunsaturated fatty alcohols are commercially available under the tradename UNADOL (Archer-Daniels-Midland). They offer ways to formulate pharmaceutical and cosmetic products which are an improvement over those made from the free fatty acids. Examples are: UNADOL 400 (approximately 53 per cent linoleyl alcohol) and UNADOL 900 (approximately 51 per cent linolenyl alcohol). The UNADOLS should add shelf life, neutral pH characteristics, and other benefits to many formulations.

Since it is claimed that the external application of the essential fatty acids promotes the granulations of tissues and accelerates healing, the esters of the multiple unsaturated fatty acids (linoleic, linolenic and arachidonic) are said to also have this effect.

The advantages of these esters in comparison to the freely fatty acids are: (1) they have a very low viscosity and appear to penetrate the epidermis easily, resulting in better absorption by the skin; and (2) they are more stable and do not become rancid easily.

It is mainly the ester isopropyl linoleate which is suggested as an additive to anti-dandruff preparations, foot ointments, shaving creams and suntan oils. It has also been proposed for use in lipsticks as protection against possible dryness or irritation caused by dyes and is an ingredient (2 per cent concentration) in a skin food (without hydrocarbons). Creams containing 1.5-2 per cent of isopropyl linoleate have exhibited a beneficial effect on dry, chapped and fissured skin.

It has been stated there is another area of fatty acid technology which would command more than academic interest by the cosmetic industry. This involves a study of substances such as clupanodonic acid (reported in recent literature both as a tetra- and penta-unsaturated fatty acid) which perhaps would have valuable properties not found in conventional polyunsaturated fatty acids.

It is interesting to note that several nutritional aids and supplements are marketed in liquid and capsule forms containing unusual unsaturated fatty acid complexes. Among the constituents listed in these complexes is clupanodonic acid (found in fish oils).

In view of the available evidence regarding the vital role of the essential fatty unsaturates, and since a large portion of our fats are artificially denatured by hydrogenation, we must suppose that there is a relationship between nutritional deficiencies and the common skin disorders.

Since many of today's skin problems, indubitably, are traceable to an insufficiency of these substances, a recent cosmetic cream has been publicized containing 15-20 per cent shark oil (in addition to other ingredients). The product is said to encourage the growth of epidermal cells. However, it is possible that some value has been lost since the shark oil was deodorized by catalytic hydrogenation prior to incorporation in the formula.

Since polyunsaturates have become the subject of research, great interest, and extended discussion, manufacturers of chemical intermediates, etc. have also made available the following: methyl, ethyl and propyl linoleates; methyl arachidonate; methyl linolenate; ethyl sunflower, ethyl linol-linoleate (ethyl ester of Vitamin F); isopropyl and butyl esters of mink oil.

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Medicinal and Pharmaceutical Aerosols*

JOHN J. SCIARRA, Ph.D.
Professor of Pharmaceutical Chemistry
Director of Aerosol Research Laboratory
St. John's University College of Pharmacy,
Jamaica, New York

I. INTRODUCTION

A—Definitions

1. Aerosol

a) collodial system consisting of very finely subdivided liquid or solid particles dispersed in and surrounded by a gas. Particles are generally between 10 and 50 microns in size, sometimes even smaller.

b) refers to all products that depend upon the power of a compressed or liquefied gas to expel the contents from the container.

2. Medicinal Aerosol

Aerosol products used for the administration of medicinals as fine solid particles or liquid mists via the respiratory system or nasal passages. They are intended for local action in the nasal areas, throat and lungs, or for prompt systemic effect (inhalation or aerosol therapy).

3. Pharmaceutical Aerosol

Aerosol product containing therapeutically active ingredients, dissolved, suspended, or emulsified in a propellant or a mixture of solvent and propellant.

B—History

Medicinals have been administered by inhalation or aerosol therapy for many years.

1. Steam vaporizer (alone or with a medicinal such as Compound Tincture of Benzoin).

2. Inhalation of smoke of asthma powders or smoking of asthma cigarettes.

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*Delivered at the Fourth Annual Dr. Robert L. Swain Pharmacy Seminar, March 12, 1964, sponsored by the Maryland Pharmaceutical Association and the University of Maryland School of Pharmacy.

3. Burning of sulfur candles.
4. Atomizer, nebulizer, etc.

Liquefied gas aerosols were first introduced in the early 1900's. They were further developed, utilizing fluorinated hydrocarbons, by Goodhue and Sullivan in 1943 for the United States Department of Agriculture. This work led to the development and improvement of aerosol insecticides and was the forerunner of many of the recently developed aerosols.

Research on the part of the propellant, container, and valve manufacturers, plus the efforts of many individuals and industrial concerns resulted in the development of aerosol products which had the desired properties, could be produced economically and quickly, and had widespread consumer acceptance.

At the present time such products as insecticides, hair lacquers, shave creams, perfumes and colognes, paints, room deodorants, burn preparations, first aid preparations, local anesthetics, medicinals, dental creams, men's hair preparations, vitamins, spray-on-bandages, etc., are available in aerosol containers.

II. MODE OF OPERATION OF AEROSOLS

A—Liquefied Gas Systems

1. **Two-Phase System**
   - a) Space Spray
   - b) Surface Spray
   - c) Dispersion or Suspension System
2. **Three-Phase System**
   - a) Two-Layer System
   - b) Foam System
     - 1) stabilized foam
     - 2) quick-breaking foam

B—Compressed Gas Systems

1. **Solid Stream Dispensing**
   - a) Insoluble inert gas
2. **Foam Dispensing**
   - a) Soluble inert gas
3. **Spray Dispensing**
   - a) Soluble inert gas
   - b) Insoluble inert gas

III. PROPELLANTS USED FOR MEDICINAL AND PHARMACEUTICAL AEROSOLS

A—Liquefied Gases

1. Propellant 11—CCl_3F
2. Propellant 12—$CCl_2\ F_2$
3. Propellant 114—$CCl\ F_2$—$CCl\ F_2$
4. Propellant 142b—CH_3—$CCl\ F_2$
5. Propellant 152a—CH_3—CHF_2
6. Propellant C-318 $(C\ F_2)_4$

B—Compressed Gases

1. Carbon dioxide
2. Nitrous oxide
3. Nitrogen

C—Hydrocarbons

1. Propane
2. n-Butane
3. iso-Butane

IV. PROPERTIES OF LIQUEFIED GASES

A.—Physical

1. State
2. Boiling Points
3. Solubility
4. Vapor Pressure

B—Chemical

1. Hydrolysis

C—Pharmacological

1. Oral
2. Local
3. Toxicity

V. AEROSOL FILLING METHODS

A.—Cold Method

1. Laboratory
2. Production

B—Pressure Method

1. Laboratory
2. Production

VI. AEROSOL CONTAINERS

A.—Metal

1. **Tin-plated steel**
   - a) Side Seam (three piece)
   - b) Two-piece or Drawn
2. **Aluminum**
   - a) Two-piece
   - b) Extruded
3. **Stainless Steel**

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- B—**Glass**
  1. Uncoated Glass
  2. Plastic Coated Glass
- C—**Synthetic Resins and Plastics**

VII. AEROSOL VALVES, DIP TUBES, AND ACTUATORS

- A—**Non-Metered Valves**
  1. **Liquefied Gas Valves**
     a) Spray
     b) Foam
  2. **Compressed Gas Valves**
     a) Spray
     b) Foam
     c) Solid Stream
- B—**Metered Valves**
  1. **Liquefied Gas Valves**
     a) Spray
     b) Foam
  2. **Compressed Gas Valves**
     a) Spray
     b) Foam
     c) Solid Stream
- C—Dip Tubes
- D—Actuators

VIII. MEDICINAL AEROSOLS

- A—**Physiology of Respiratory System**
  1. **Component Parts**
     a) Nasal passages
     b) Pharynx
     c) Larynx
     d) Trachea
     e) Bronchi
     f) Lungs
        1) Bronchioles
        2) Alveoli
  2. **Respiratory Movements**
     a) Inspiration
     b) Expiration
  3. Particle Size
  4. Pharmacological and Therapeutic Applications

IX. PHARMACEUTICAL AEROSOLS

- A—Local Anesthetics
- B—Antiseptics, Germicides, Disinfectants
- C—Foot Sprays
- D—Burn Preparations
- E.—Dermatological Preparations
- F—Body Rubs
- G—Spray on Protective Films
- H—Pharmaceutical Inhalants

X. ADVANTAGES OF MEDICINALS AND PHARMACEUTICALS PACKAGED IN AEROSOL FORM

A—The product is more convenient to use, since the package is a compact unit and can be applied or administered easily and quickly.

B—Since the medication is sealed in a pressurized container, there is no danger of contamination of the product with foreign materials.

C—If the product is packaged under sterile conditions, then sterility is maintained throughout the life of the product.

D—The irritation produced by the mechanical application of a medicinal over an abraded area of the skin is reduced and sometimes eliminated by a "spray-on" aerosol.

E—In inhalation, the medicinal agent is absorbed directly into the bloodstream through the alveolar membrane; therefore, there is less danger of decomposition of the medication, since it does not pass through the gastrointestinal tract.

F—Substances given by inhalation therapy are in many cases more effective than when administered by other routes; onset of activity approaches intravenous administration.

G—When drugs are administered in aerosol form, a high concentration of drug over a limited area can be obtained. This is especially useful in the treatment of pulmonary tuberculosis with streptyomycin and other drugs.

H—Through the use of metered-dose valves, uniform dosage can be obtained.

I—Constant and a more uniform particle size is obtained compared to other methods of inhalation therapy.

J—Water-sensitive materials can be kept in an anhydrous state.

K—Pressurized powders can be conveniently used as insufflators for producing a finely divided cloud of powder.

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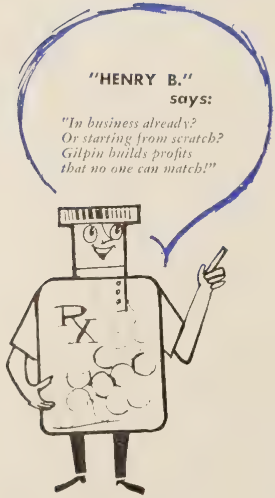
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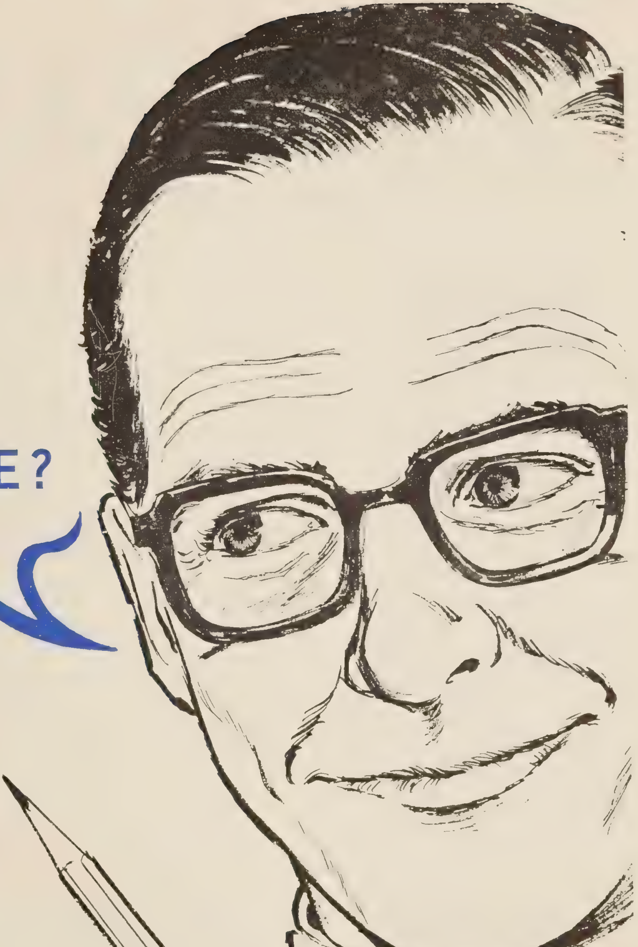

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William A. Pokorny	Bernard A. Appel	Howard L. Dickson
Alan L. Settler	Swen Justis	Frank J. Slama
Robert Tobias	Kenneth L. Whitehead	Robert A. Williams

*Post-Humously

Maryland Pharmacist Committee

Wilson Spilker, Chairman
Lou Rockman
Frank J. Slama, Board Advisor
Sam Sieger

Volume 22 JULY 1964 No. 9

T.A.M.P.A. Officers Eleceted For 1964-65

The Nominating Committee of T.A.M.P.A. consisting of Richard R. Crane, chairman, Edwin M. Kabernagel, Jr., and H. Sheeler Read, submitted the following report.

The committee nominated this slate which was unanimously approved at the meeting held during the M.P.A. Convention in Atlantic City, New Jersey.

The following were chosen as officers and members of the Board of Directors for the year 1964-65:

John G. Cornmesser, Chairman; E. Donald Spedden, Honorary President; Alfred E. Callahan, President; Herman Bloom, First Vice President; Frederick H. Plate, Second Vice President; Robert Tobias, Third Vice President; John A. Crozier, Secretary-Treasurer; William L. Grove, Assistant Secretary-Treasurer.

Board of Directors

To serve on the Board for three years: Joseph A. Costanza, George H. A. Kommalan, and Frank J. Slama.

Two years: John D. Davidson, Howard L. Dickson, and William A. Pokorny.

One year: Swen Justis, Kenneth L. Whitehead, and Robert A. Williams.

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Baltimore Metropolitan Pharmaceutical Association

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3rd Vice President—FERDINAND F. WIRTH, JR.
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Treasurer—CHARLES E. SPIGELMIRE
Treasurer Emeritus—FRANK L. BLACK

EXECUTIVE COMMITTEE

Chairman—AARON M. LIBOWITZ

Balance of 2 year term	**For a 2 year term**
JOSEPH H. MORTON	CHARLES A. NITSCH
JOHN F. NEUTZE	JOSEPH L. OKRASINSKI
JACOB L. RICHMAN	PHILIP RICHMAN
WILLIAM C. ROSSBERG	MEYER STOLER

Ex-Officio—FRANCIS S. BALASSONE

PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

After the summer activities of the Baltimore Metropolitan Pharmaceutical Association, which features the Crab Feast with T.A.M.P.A. and the Mid-Atlantic Drug, Cosmetic and Gift Show, the B.M.P.A. resumes its monthly meetings.

The B.M.P.A. attempts to bring to all the pharmacists of the greater Baltimore area programs at its meetings, programs which will keep you informed in both the professional and business portions of our profession. Outstanding speakers from both national and local ranks are brought to present to you the knowledge necessary for all of us to advance professionally and to meet the strong competitive challenges which beset pharmacy today.

You are strongly urged to make every effort to attend the meetings of the B.M.P.A. which are usually held at 10:00 P.M. Most pharmacists can arrive in time for the major portion of the meetings, even if they are working late on those nights.

Great credit is due the committee and the individuals who work hard behind the scenes at our meetings, especially Joe Okrasinski and Jerry Stiffman and their committeemen. They are responsible for the delicious refreshments which all enjoy.

Plan now to attend your Association meetings, as well as other important pharmaceutical events, such as the Fall Regional Meeting of the Maryland Pharmaceutical Association on October 22nd. We must have a large turnout of B.M.P.A. members at these meetings in order that our area is properly represented and can express its views on all matters pertaining to pharmacy.

Sincerely,

IRVING I. COHEN,
President

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Contributors to the 1964 Convention

The firms and others listed below have contributed cash and merchandise to the 82nd Annual Convention of the Maryland Pharmaceutical Association held at The Shelburne, Atlantic City, New Jersey, June 29, 30, July 1, 2, 1964.

The cash contributions were used to provide the entertainment features of the Convention, and the merchandise was distributed as prizes at the meetings and various functions of the Convention. Both played an important role in the outstanding success of the Convention. It is with grateful appreciation the Association acknowledges their generous contributions.

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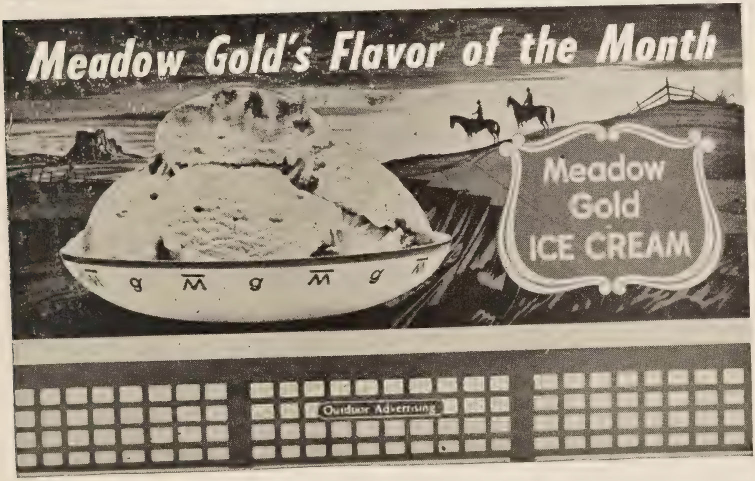

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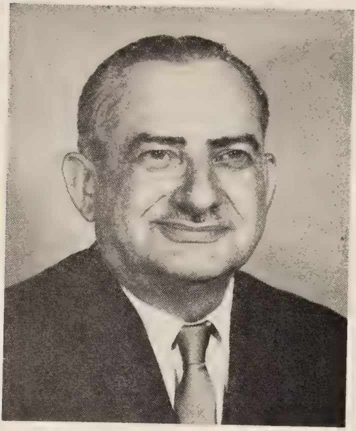

SOLOMON WEINER

Solomon Weiner, a native of Baltimore City, was elected President of the Maryland Pharmaceutical Association for 1964-65.

Mr. Weiner owned and operated Weiner's Pharmacy at Reisterstown Road and Rogers Avenue for almost 30 years. He was the proprietor from May 1934 until his son, pharmacist Phillip Paul Weiner, assumed ownership in March 1963.

President Weiner attended Baltimore City College, graduating in 1922. He then studied at the University of Maryland School of Pharmacy, receiving the degree of Graduate in Pharmacy in 1924.

He is a member of the A.Ph.A., Baltimore Metropolitan Pharmaceutical Association, Alumni Association of the School of Pharmacy and General Alumni Association of the University of Maryland. In addition, he is a member of Beth Jacob Synagogue and Cassia Lodge #45 A.F.&A.M. He is an active member of the Arex Club, which he has served as president.

Mr. Weiner is married to the former Rose Schumer and has two sons and four grandchildren.

President Weiner is now associated with the Loewy Drug Co., Baltimore wholesale drug firm.

L.A.M.P.A. Officers

President, Mrs. Norman J. Levin

1st Vice President, Mrs. Milton A. Friedman

2nd Vice President. Mrs. Frank J. Slama

3rd Vice President, Mrs. Morris R. Yaffe

Recording Secretary, Mrs. Noel E. Foss

Corresponding Secretary, Mrs. Richard R. Crane, 6007 Eurith Avenue, Baltimore, Maryland 21206

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MARYLAND PHARMACEUTICAL ASSOCIATION OFFICERS 1964-65

Courtesy Paramount Photo Service

Seated, left to right: Alexander J. Ogrinz, Jr., First Vice President; Solomon Weiner, President; Morris R. Yaffe, Second Vice President; Standing: Morris Lindenbaum, Treasurer; Walter E. Albrecht, Honorary President; Nathan I. Gruz, Executive Secretary; Stephen J. Provenza, Fourth Vice President; William A. Cooley, Chairman Executive Committee: Milton A. Friedman, Third Vice President.

Drug Store Changes

The following are changes in pharmacies during the month of July:

Change of Address or Ownership

Hart Drug Company, David Vasper, President, 197 N. Shangri-La Drive, Lexington Park, Maryland. (Former address: 14-16 N. Coral Place, Lexington Park, Maryland)

LaVale Rexall Drug Store, Robert P. Stotler, Secty.-Treas., 1068 National Highway, LaVale, Maryland—Chelsie A. Liller, President. Formerly: LaVale Drug Store, Inc., Harry G. Eisentrout, Jr., Vice-President, Robert J. Martin, Secty.-Treas.

Northwestern Pharmacy, Inc., Isidore Cohen, President, 900 Harlem Avenue, Baltimore 17, Maryland. (Have formed a corporation—formerly, Northwestern Pharmacy)

Colonial Pharmacy, Lawrence M. Abrams, President, 7004 Reisterstown Road, Baltimore 15, Maryland. (Formerly: Sylvan Tompakov, President)

No Longer Operating as Pharmacies

Rowlenson Pharmacy, W. E. Rowlenson, Prop., Sherwood, Maryland (Talbot County)

Alliker's Pharmacy, Morris J. Alliker, President, 1609 Rosedale Street, Baltimore 16, Maryland.

Edro Drugs, Inc., Edward Miller. President, 913 Middle River Road. Baltimore 20, Maryland.

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T.A.M.P.A. Convention Highlights

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Convention Features

Courtesy Paramount Photo Service

Left to right, Top row: National Pharmacy Week Winners; A.Ph.A., N.A.R.D. and M.P.A. combination.

Second Row: First Maryland Robins Community Award; Gavel Transfer; Secretaries Conference.

Bottom: L.A.M.P.A. officers installed; Business Section.

Lower Left: Mr. Willard Simmons (left), Executive Secretary, N.A.R.D., and Dr. William S. Apple, Executive Director, A.Ph.A.

ONE OF THE HIGHEST AWARDS IN PHARMACY

THE APhA PUBLIC EDUCATION AWARDS

Each year, the American Pharmaceutical Association recognizes the individual pharmacist and organization whose public education programs are judged most effective in demonstrating the direct relationship between the pharmacist and better community health.

The awards consist of a cash prize of $500, a trophy, and an expense-paid trip to the Annual Meeting of the Association, where the presentation is made.

In announcing the winning entries, the judges stated: "The response to the 1963 Public Education Awards Competition was most encouraging. There was a 40% increase in participation over the previous year. The quality and excellence of the many entries made the judging extremely difficult and the winning entrants are to be highly complimented."

The APhA Public Education Awards Competition, sponsored annually by Pfizer Laboratories, recognizes the best individual and organizational efforts to tell pharmacy's story to the public.

A brochure outlining the rules for prospective entries in 1964 is available on request from: American Pharmaceutical Association, Division of Communications, 2215 Constitution Ave., N.W., Washington, D.C. 20037.

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WINNERS OF THE 1963 COMPETITION

Harry H. Harrison, Southwestern Regional Sales Manager, Pfizer Laboratories; Sister Mary Aquinas, Chief Pharmacist, Bethania Hospital, Wichita Falls, Texas; J. Harris Fleming, Trade Relations Manager, Pfizer Laboratories; Robert J. Gillespie, President, Amer. Pharm. Assn.

J. Harris Fleming, Trade Relations Manager, Pfizer Laboratories; C. Albert Olson, Past-President, Utah Pharm. Assn.; Ward McCarty, Executive Secretary, Utah Pharm. Assn.; Robert J. Gillespie, President, Amer. Pharm. Assn.

Individual award:

Sister Mary Aquinas, Chief Pharmacist, Bethania Hospital, Wichita Falls, Texas.

Sister Mary Aquinas published a *Pharmacy Newsletter* to keep doctors, nurses and other hospital personnel informed about new drugs—their therapeutic uses, dosage, precautions, side effects and availability. An edition for hospital patients of the *Newsletter* was also issued. Thus, the important role of the pharmacist and the pharmacy was brought home to both medical and lay readers.

In Sister Mary Aquinas' own words: "The *Pharmacy Newsletter* made hospital personnel, patients, visitors and medical service representatives conscious of the active role the pharmacy department and pharmacist play in total patient care. The *Patient* edition of the *Newsletter* was so effective that several patients phoned to the pharmacy to express their interest, regard and appreciation for the man behind the scenes."

Organization award:

Utah Pharmaceutical Association

Credit for the development and leadership of the Utah "Communication in Depth" program went to C. Albert Olson. His objective: "to create a better understanding and appreciation in the public mind of the profession of pharmacy and the pharmacist as an important member of the community."

Implementation of the program included a statewide polio immunization project; a voluntary correspondence course; National Pharmacy Week participation; creation of a public relations brochure, *Pharmacy and Your Health;* and a broad public relations campaign involving career days, schools, science fairs, a pharmacists' speakers bureau, and the community pharmacy as a health information center.

Displays of the winning entrants will be shown at the 111th APhA Annual Meeting in New York City, August 2 to 7.

The panel of judges for the 1963 Public Education Awards competition was chaired by Robert G. Gibbs, chairman of APhA's Public Relations Committee and Executive Secretary of the Iowa Pharm. Assn. Serving with Gibbs on the judging committee were: William L. Blockstein, Assistant to the Dean, and Associate Professor of Pharmacy at Wayne State University; William Kloepfer, Jr., Director of Public Information, Pharm. Mfrs. Assn.; Thomas F. Robertson, Director of Public Relations, Eastman Kodak Company, and 1964 President of the Public Relations Society of America; and David R. Uran, President of The Ethical Drug Advertising Co. of Atlanta, Georgia.

Provenza Addresses Dental Meeting

Dr. Stephen J. Provenza, Chairman of the M.P.A. Professional Relations Committee, told dentists at their annual meeting that a once-a-year application of a fluoride solution in a half-hour treatment has been judged to be three times more effective than drinking fluoridated water.

He said that in order to obtain the maximum benefit from fluoride, a thorough prophylaxis should be performed at the time of the initial visit to the dentist.

"Extreme care must be taken to clean and polish thoroughly with pumice each available tooth surface. This includes the stripping of every interproximal surface. *"Toothbrushing, as a substitute for the prophylaxis, is not satisfactory."*

Dr. Provenza quoted material from research done by Dr. Brudevold, Chief of Dental Medicine at the Forsyth Dental Infirmary in Boston.

ACID PHOSPHATE FLUORIDE SOLUTION

Caries Reduction Solution

70 Per Cent Effective

Formula:

Sodium Fluoride 2% Reagent Grade
Hydrofluoric Acid .2% (50% Reagent Grade)
Phosphoric Acid (85%) 1%
Distilled water, Q.S.

The solution must be prepared and stored in plastic (polyethylene or polypropylene) containers. It must be dispensed from plastic containers. Keep solution tightly capped when not in use, and it is stable indefinitely

TECHNIQUE OF APPLICATION TO THE TEETH

In order to obtain the maximum benefit from fluoride, the following procedures should be strictly followed: At the time of the initial visit, a thorough prophylaxis is performed. Extreme care must be taken to clean and polish thoroughly with pumice each available tooth surface. This includes the stripping of every interproximal surface. Toothbrushing, as a substitute for the prophylaxis is not satisfactory.

Immediately following the prophylaxis, the topical solution is applied to the teeth. It is considered best to treat only one quadrant of the dental arch at a time, since saliva must be completely absent from the teeth. However, some dentists can satisfactorily use the Garmer or a similar cotton roll clamp to hold the cotton rolls in place, thus making it possible to treat one-half of the mouth at a time. Others prefer to treat the maxillary arch separately and the mandibular arch in two parts. In any event, the teeth must be kept entirely free from saliva, and the particular technique one chooses should be the one which most satisfactorily maintains these conditions.

The teeth to be treated are completely isolated with cotton rolls and thoroughly dried with air. The fluoride is then applied with a cotton applicator, keeping the teeth moist with the fluoride solution throughout a four-minute period. This usually means a re-application every 15-30 seconds, depending upon the particular affinity of the enamel for the fluoride solution. After all of the teeth in the mouth are similarly treated, the patient is dismissed with the precaution not to eat, drink, or rinse his mouth for at least thirty minutes.

The following treatments are recommended:

1) For patients with average caries prevalence, 1 annual application.
2) For patients with rampant caries, 1 application every 6 months.
3) For orthodontic patients, 1 application several days before insertion of appliances.

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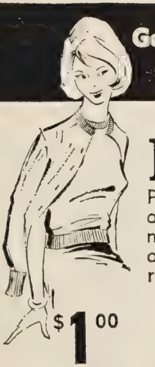

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Cancer Education Program

MARYLAND PHARMACEUTICAL ASSOCIATION

AMERICAN CANCER SOCIETY, MARYLAND DIVISION, INC.

The Maryland Pharmaceutical Association and the Maryland Division, American Cancer Society, have planned a joint educational program for the citizens of Maryland on a state-wide basis. This is the first program of its kind in the country.

This joint program was outlined at the M.P.A. Convention. The purpose of the American Cancer Society's educational effort is to save lives; to bring the facts about cancer to every citizen in Maryland; to motivate them to accept a personal responsibility for their health and to make the annual check-up a habit for life. It is estimated that 4,800 Marylanders will die of cancer in 1964; through a state-wide program of public education it is possible to save in excess of 1,200 Maryland lives this year. This program is offered with this objective.

The program will be inaugurated early in September with newspaper articles, radio spots and a TV panel discussion. This panel will consist of a pharmacist, a physician, a Maryland Division, American Cancer Society Board Member and the Chairman of the Public Education Committee of the Maryland Pharmaceutical Association.

The public will be directed for the next twelve months to community pharmacies to obtain pamphlets and information about cancer.

Participating pharmacies will be furnished a cardboard pamphlet rack which can be placed on a counter or hung up, as well as window streamers and window displays.

You are urged to take advantage of this opportunity to identify your pharmacy and yourself with this public health effort at no cost to you.

The year around program will be divided into six sections, each section covering a two month period.

SCHEDULE

SEPTEMBER AND OCTOBER

Especially designed pamphlet will be used during this period both for counter dispersement and insertion in customers' bags. It will include the names of both organizations and will state the purpose of the total program. It will feature the role of the pharmacist in cancer control and the seven danger signals of cancer will be included.

NOVEMBER AND DECEMBER

The emphasis during this period will be on the cancer of the breast. The pamphlet to be given out is "Personal Memo", which teaches women to see the film "Breast Self-Examination."

JANUARY AND FEBRUARY

The emphasis will be on the pharmacist as guardian of the health of his community. The theme of the pamphlets to be distributed during this period will be on the dangers of quackery and home remedies.

MARCH AND APRIL

Emphasis on TV, radio and press during this period. The pamphlet to be used will be "Where Can You Turn?" and the pharmacist could suggest complete yearly physical check-ups for all customers. He might also recommend support and participation in the Cancer Crusade in his community.

MAY AND JUNE

The emphasis will be on uterine cancer and the pap smear test. The pharmacist could urge all women customers to have yearly pelvic examinations including the pap test and suggest showings of the film "Time and Two Women." The pamphlets used during this period will be "If You Only Knew" and "Cancer Facts for Women."

JULY AND AUGUST

This period will feature the seven danger signals of cancer with posters in the windows and on counters, if possible. The pamphlet to be inserted in bags and over the counters will be "Guard Those You Love."

Volunteers from the Maryland Division, American Cancer Society, will deliver all materials to you at the stated intervals.

This is a costly program — at no charge to you. It will identify you with a foremost health problem and direct many people to your pharmacy.

Be sure to return at once the postcard mailed to you, indicating your participation and ordering the necessary materials.

Tri-County Pharmaceutical Association

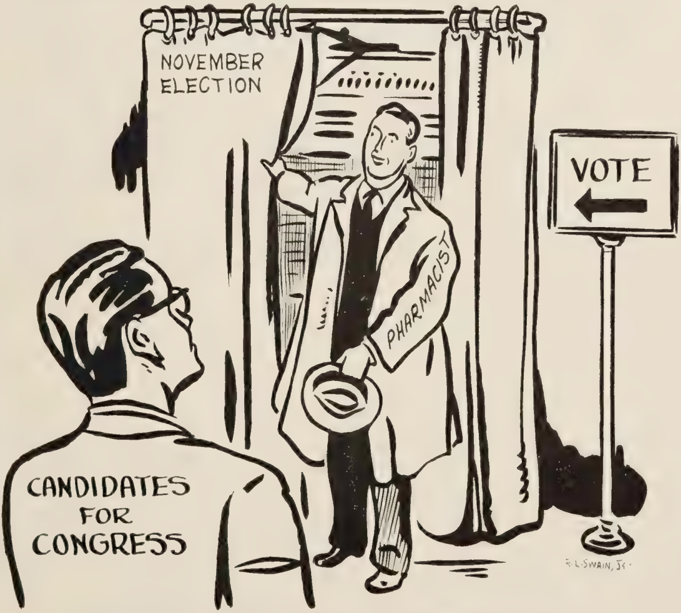
The most recently formed local pharmaceutical association in Maryland, the Tri-County Pharmaceutical Association, met in Hagerstown on June 9, 1964 at the Washington County Hospital.

President John B. Batdorf of Frederick presided. The feature was on "The State Medical Care Program," with Robert Shestack of Hagerstown serving as program chairman.

The guest speakers were: Mr. Albert A. Grimm, Program Analyst, Maryland State Department of Health; Mr. Eugene V. Farrell, Biostatistician, Maryland State Department of Health as well as Mrs. Louis M. Fishacks of the Washington County Health Department.

They reviewed the medical care program, particularly the pharmacy services aspects. A question and answer period followed.

Solomon Weiner, President of the Maryland Pharmaceutical Association attended with Secretary Nathan Gruz.



"TELL ME YOUR VIEWS ON SMALL BUSINESS BEFORE I VOTE."

F.D.A. Warnings For Scopolamine Insomnia Drugs

The Food and Drug Administration has received complaints that one of the two alternative warnings recommended in #131.15 for scopolamine preparations offered for insomnia does not contain a specific warning regarding use in glaucoma and therefore does not meet the requirement that labeling bear adequate warnings in a manner and form necessary for the protection of users. Based on these complaints, these warning statements have been reevaluated, and it has been determined that a specific reference to glaucoma is necessary on all such labeling. Further, the retention of the reference to elderly persons is considered necessary in view of the higher incidence of glaucoma cases among the aged and the possibility that such cases are undiagnosed. The recommended warning statement is therefore revised as set forth below to assist industry in preparing proper labeling for over-the-counter preparations for insomnia which contain scopolamine or scopolamine aminoxide.

Scopolamine or scopolamine aminoxide preparations for insomnia should include the following warning or its equivalent:

Warning - Not to be used by persons having glaucoma or excessive pressure within the eye, by elderly persons (where undiagnosed glaucoma or excessive pressure within the eye may be present), or by children under 12 years of age, unless directed by a physician.

Effective date. In order to permit adequate time for the drug industry to effect necessary relabeling or changes in labeling of the affected drugs, no action will be taken under the misbranding provisions of section 502(f)(2) of the Federal Food, Drug, and Cosmetic Act for a period of 90 days from the date of publication of this order.

Dated: July 31, 1964.

Two Categories of Taxable Items Added to Retailers Excise Tax List

Effective September 1, 1964, the 10% retailers excise tax applies to sale at retail of certain products intended to be used in covering or concealing various kinds of skin blemishes.

The IRS ruling applies to products either in cream or stick form: 1) That are intended for use in covering or concealing major skin blemishes of a permanent nature, such as birthmarks, scars, or blotches; and, 2) That are intended for use in covering or concealing skin blemishes of a temporary nature, such as dark shadows or bruises, or are used to conceal minor permanent blemishes. These products do not serve as a medication for the relief, remedy, or cure of diseased or injured conditions of the skin, and are therefore held to be taxable by the Internal Revenue Service.

Effective October 1, 1964, the 10% retailers excise tax also applies to articles which are designed to be worn in the hair or on the head to perform a hairdressing function and are ornamented with rhinestones or imitation pearls for the purpose of adornment.

These articles are subject to the excise tax when sold at retail, if adorned with rhinestones or imitation pearls: barrettes, chignon clinchers, china grips, combs, comb clips, hair pins, headbands, ponytail clinchers, and wisp clips.

"Marketing Drug Products"

By Dr. Paul C. Olsen

A 320-page revised edition of 'Marketing Drug Products" by Dr. Paul C. Olsen, editor of the industry newspaper Drug Trade News, has been scheduled for publication October 1.

The book, hard bound and fully indexed, deals with the marketing methods and principles used in moving goods through drug stores to the consumer. It completely updates Dr. Olsen's original volume last printed in 1955. Used extensively in schools and colleges. 'Marketing Drug Products" has also

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appeared on many a businessman's shelf at home, office or store.

Some of the subjects covered are: successful drug store management, kinds of drug stores, other retailers, cost analysis, price control, the wholesale drug trade, manufacturers' marketing methods and problems, and trade organizations.

"Marketing Drug Products" may be ordered at $7.50 from Topics Publishing Company, Book Division, 10 E. 15th Street, New York, N. Y. 10003.

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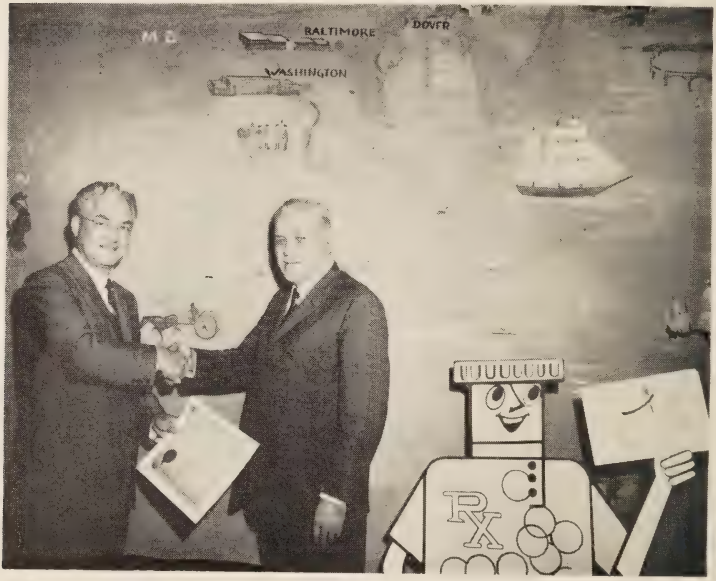

On June 4, 1964, Mr. Richard D. Gibbs, representing the Metropolitan Washington Board of Trade, made a special presentation to Mr. James E. Allen, President of The Henry B. Gilpin Company, 119-year old wholesale drug firm. The "Certificate of Award" was in recognition of the Gilpin Company's service to the community for more than a century.

Mr. Allen and Mr. Gibbs are pictured standing before a colonial wall mural and a map of the Gilpin marketing area as it appeared in the early days when Gilpin was founded in 1845 and began serving the apothecary in the early American settlements.

Serving seven states and the District of Columbia on the Atlantic coast, Gilpin now operates four wholesale drug houses located in Baltimore, Dover, Norfolk, and Washington. As a heavy duty supply house, Gilpin serves the pharmacies and hospitals from a dynamic drug industry producing over 170,000 products, including life saving drugs which contribute so much to long life and good health.

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Pharmacists Role in Drug Safety

"There Is No Such Thing As A Safe Drug," Robert E. Abrams, Executive Secretary of the American College of Apothecaries told the members of the Ontario Pharmacists Association, at their annual convention in Ottawa, Canada. "The fact that our modern-day drugs are capable of producing the very effective actions they do, must preclude our talking about safety in absolute terms," he said.

Pointing out that there has been more progress made in drug therapy in the last 2½ decades than there had been in the previous two and a half centuries, Abrams indicated that with the use of any drug there is an element of risk. "Safety is relative," he stated, "relative to the drug employed, relative to the disease being treated, relative to the patient on whom the drug is being used and relative to the alternative therapies that may be available."

Historically, Pharmacy has always urged proper laws and regulations to protect the public. Initial drug laws were instigated by pharmacists and pharmacists will today actively sponsor and support any type of legislation which will protect the public health. Legislation can be effective only up to a point and then the uncontrollable and the unpredictable take over. "I fear," Abrams warned, "that in our exuberance to achieve the ultimate we can "over legislate" just as we can "over medicate" and neither will be good for the patient."

There are risks that must be taken if new drugs are to be developed and presently incurable diseases are to be conquered. No animal test can tell us everything and if rigid animal requirements were applied to some of our older drugs they might not be available today. As examples Abrams cited that "Penicillin is toxic to guinea pigs . . . The adrenal corticosteroids produce a variety of serious tissue changes in several animal species. High doses of griseofulvin damage the seminal epithelium and bone marrow in rats. Teratogenic effects in mammals or chick embryos have been described for insulin, penicillin, streptomycin, cortisone, salicylates, caffeine, nicotine, phenobarbital and several others."

Abrams urged that the pharmacists be made part of a reporting system for adverse reactions in both prescription drugs and drugs used for selfmedication. Particularly with these latter drugs, the pharmacist is the only individual through whom such information can be properly developed.

Pharmacists were warned that they "must be prepared to keep informed about all that is newly discovered about drug safety and in turn be in a position to effectively communicate with the medical profession and the public, concerning this information. Keeping informed will be a task in itself . . . It is estimated that over 50% of the information acquired by students in our Colleges of Pharmacy today will be obsolete within five years. It will take a constant battle to avoid personal obsolescence, but if we are to be of maximum professional service this must be a battle that we must be prepared to fight."

Dauphinais Transfers To Wayne State

Raymond J. Dauphinais, Director of the Legal Division of the American Pharmaceutical Association has been appointed Professor of Pharmacy Administration at Wayne State University College of Pharmacy, effective September, 1964, Dean Martin Barr has announced. Mr. Dauphinais will assist Dean Barr with administrative measures designed to promote the continuing growth of the College of Pharmacy.

Mr. Dauphinais is a registered pharmacist in Illinois and Florida, a member of the Florida Bar, and in addition to teaching at several universities, has engaged in the practice of pharmacy and law. He holds the degree of B.S. in

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Pharmacy from the University of Illinois and the LL.B. from the University of Florida School of Law. Under the direction of the late Charles Wesley Dunn, Mr. Dauphinais received the LL.M. degree (Trade Regulation) and engaged in additional graduate study and research in food and drug law at New York University Graduate School of Law to complete course work and residence requirements for the Doctor of Judicial Science degree.

With his knowledge and background in pharmaceutical matters, as well as in law, Mr. Dauphinais has made extensive contributions in drafting what have become various state laws or regulations in pharmacy and drug control. He has drafted and presented a wide range of statements and reports for Congressional and state legislative committees. Mr. Dauphinais has participated in numerous continuing education and professional programs of universities, state boards of pharmacy, state pharmaceutical associations, and national organizations of the health professions.

Before assuming his position as Director of the Legal Division of the American Pharmaceutical Association in January, 1960, Mr. Dauphinais served as Assistant Professor of Pharmacy at the University of Connecticut School of Pharmacy, and previously held teaching positions at Columbia University College of Pharmacy and the University of Florida College of Pharmacy.

Mr. Dauphinais is a member of several professional organizations in pharmacy and law. He is affiliated with Kappa Psi Pharmaceutical Fraternity and Delta Theta Phi Legal Fraternity, and is a member of the Rho Chi Honor Society.

Commenting on Mr. Dauphinais' appointment, Dean Barr stated, "Mr. Dauphinais will develop a contemporary approach in the area of pharmacy administration. Interest will focus on the socio-economic and legal aspects of drug development, distribution, and control wth particular emphasis on the pharmacist and his professional services as a partner in total health care."

Mr. Dauphinais was appointed a member of the Advisory Committee to the U. S. Commissioner of Narcotics; he assisted in creating what became Ohio's present Dangerous Drug Distribution Act; he served as a consultant to former Pennsylvania Governor David L. Lawrence's ("Biddle") commission to update the Pennsylvania food, drug, and cosmetic laws, and he assisted in revisory drafting of Pennsylvania's pharmacy law, both of which became effective January 2, 1962.

Boy Infants Reported Twice as Susceptible as Girls To Hospital "Staph" Infections

A girl is born with twice the ability of a boy to avoid infections caused by the dreaded "golden staph", a hospital survey involving 3,947 newborn infants indicates.

Antibiotic News, a new bi-weekly medical newspaper, reports that a University of Pittsburgh medical team found that among boy infants diseases caused by the germ, Staphylococcus aureus, occur twice as often and in 2½ times as many places on the body as in girls.

Boys More Susceptible

In boys diaper rash was four times as prevalent as in girls and boys were more susceptible to nose and throat infections than girls. The predominant infection among female infants was of the umbilicus, the survey discovered.

Dr. Horace M. Gezon, spokesman for the group, said there was no immediate explanation for the sex differential in susceptibility to "staph" infections since a check of all pediatric wards where the observations were made revealed no difference in the type of care given newborn males and females.

OBITUARIES

LEALON B. WRIGHT, JR.

Lealon B. Wright, Jr., 72, died July 3rd at the Summit Nursing Home in Catonsville.

A native of St. Louis, he was educated at the Old Orchard School of the Christian Brothers and the St. Louis College of Pharmacy.

He began his career as a retail druggist in 1911. After five years, he joined the Reed and Carnrick organization, coming to Baltimore in 1921. He retired in 1952 after 36 years service.

He was a member of the Knights of Columbus, an associate member of the Alumni Association of the University of Maryland School of Pharmacy, honorary member of the Travelers' Auxiliary Maryland Pharmaceutical Association (President in 1935) and president of the Tuesday Club.

He is survived by a daughter, Mrs. Dorothy Stumph, two sons, Lealon B. Wright, III, Clayton M. Wright, and two sisters.

DR. MICHAEL F. GARDNER

Dr. Michael F. Gardner, 51, who operated Gardner's Pharmacy at Gough and Washington Streets for 15 years, died July 9, 1964 following a short illness.

A graduate of the University of Maryland School of Pharmacy, Class of 1934, he was a member of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association, and the Polish-American Professional Association.

He was employed by Read's Drug Stores before buying his own pharmacy in 1949.

Surviving are his widow, the former Helen Mary Walukas; three daughters, Mrs. Susan Helene Forbiszak, and Sally Jane and Christine Marie; and a son, Michael S. Gardner.

HAROLD C. KINNER

Harold C. Kinner, 61, Assistant Secretary of the Florida State Pharmaceutical Association, passed away in the Lee Memorial Hospital in Fort Myers, Florida, Saturday morning, July 18, 1964.

He was born in Elmira, New York on December 20, 1902.

Before coming to Fort Myers he was Secretary of the District of Columbia Pharmaceutical Association and Secretary of the District of Columbia Board of Pharmacy for aproximately twenty years. He was an Assistant Registered Pharmacist in Maryland.

Mr. Kinner is survived by his widow, Gladys, and his son, Jack, two grandsons and one brother, Carl.

He was interred in Fort Lincoln Cemetery, Prince Georges County Maryland.

CLIFTON M. CHAIRES

Clifton M. Chaires, 74, a pharmacist for some 40 years until he retired in 1962, died July 10th following a short illness.

Born in Kent County, Mr. Chaires was a graduate of the Philadelphia College of Pharmacy and had worked most recently at Kayes' Pharmacy, 6913 Belair Road.

Surviving are his widow, the former Mattie Taylor; a son, George W. Chaires, and two grandchildren.

DR. WILLIAM S. SEYMOUR

A native of Talbot county, Dr. William S. Seymour, 93, died at his home June 28th following a nine-month illness.

After graduating from the old Maryland College of Pharmacy in 1892, he attended the University of Maryland School of Medicine, receiving his degree in 1895 and returned to Trappe, Maryland to enter practice.

Dr. Seymour was probably the oldest living graduate of the old Maryland College of Pharmacy, which merged with the University of Maryland School of Pharmacy.

Surviving are his two sons, William A. Seymour, of Baltimore, and Murray M. Seymour, of Washington, and a grandson.

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

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The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price $5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 3, 1879

Editorial . . . . . .

The 1964 annual meeting of the American Pharmaceutical Association in New York City showed a record registration of over 4,000, including 2,220 pharmacists.

These figures show an increasing awareness by pharmacists in the importance of actively participating in the national professional society of pharmacists. In a convention which was a complex of 250 different meetings, what was of prime significance?

There were many enlightening and stimulating addresses, reports and discussions. It would take several volumes to describe all of them. In brief, we will mention a few.

—A.Ph.A.'s *"drug reclassification"* proposal will receive thorough study.

—The experimental study to evaluate the pharmacy as a *Health Education Center* indicated the benefits to both the public and the profession which accrue to participating pharmacies.

—The recognition of the growing problem of *outpatient hospital pharmacy service* by the formation of a commission. This joint commission of the A.Ph.A. and the American Society of Hospital Pharmacists will bring together representatives from medicine, hospital administration and pharmacy to study this issue and make recommendations.

Of particular significance, we believe, is the response by the A.Ph.A. to the criticism* by some pharmacists that the A.Ph.A. neglects the "average" or community pharmacist. This contention may now be met by the announcement of the establishment of a *Pharmaceutical Services Division* "to serve A.Ph.A. members in community practice".

This action demonstrates the recognition by the A.Ph.A. that in order to encourage greater participation by community pharmacists, who are the majority of all pharmacists, it is essential to provide proper representation and appropriate programs.

Community pharmacists—and indeed all of us in pharmacy—who are committed to the advancement of the profession, applaud all efforts to achieve more effective organizational structures in pharmacy.

Pharmacists now have the opportunity to participate in achieving progress toward professional objectives for their chosen profession. Much will depend upon the leadership of the A.Ph.A., as well as the nature and extent of the response of community pharmacists themselves. These factors will decide whether community pharmacy practitioners will meet the responsibilities of the great role in the pharmacy complex which they believe is justly due them.

Community pharmacists are the dominant group numerically. They believe their services to the public are indispensable. They believe they have met the qualifications for greater leadership responsibilities.

They now have the opportunity. Will they meet the challenge?

**See page* 710 *for Resolution No.* 3 *passed at the Annual Meeting of the Maryland Pharmaceutical Association July* 2, 1964.

CLINICAL TRIALS

Every new drug, after its development in the laboratory, must be tested on animals and eventually on human beings. The clinical trial must be conducted carefully, intelligently, and conscientiously, but it must inevitably be made, and one must never forget the possibility that important contributions to human welfare can be hamstrung by over-zealous and hastily imposed restrictions.

—New England Journal of Medicine

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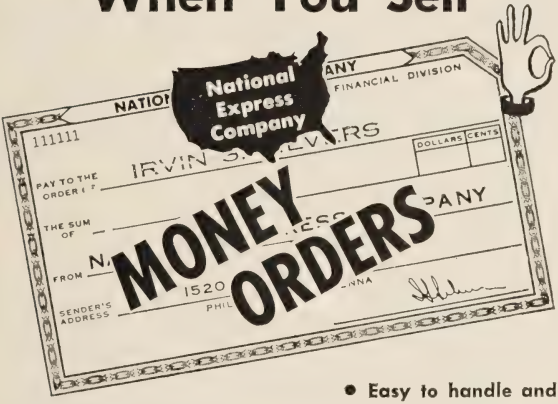
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President's Message . . . . . .

Dear Fellow Members:

This year, for the third time, the Maryland Pharmaceutical Association again sponsors the Simon Solomon Pharmacy Economics Seminar. The date is Thursday, November 12th, and the place is the Warren House, Blue Crest North, in Pikesville.

The Simon Solomon Seminar was established to present a program which will help our members in business management and merchandising. Outstanding speakers and experts in various fields are scheduled. This year we have been fortunate in receiving assistance from the N.A.R.D. and the Small Business Administration in arranging the program.

This program is the result of many months spent in planning and arrangements by the Committee in order to bring people and information to benefit all pharmacists and those allied in the wholesale and manufacturing in the drug industry.

As president, I urge all of you to attend if possible. Encourage your associates, employees, detail men and drug salesmen to take advantage of this once a year opportunity.

The Association goes to great effort and expense to make this outstanding seminar available. I look forward to your attendance.

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Secretary's Script . . .

A Message from the Executive Secretary

The resolutions adopted at the Annual Meeting of the Maryland Pharmaceutical Association become the official policies of the Association and the membership it represents. The full text is presented in this issue of *The Maryland Pharmacist.*

A study of the resolutions reveals that we are concerning ourselves with issues that are vital to the advancement and survival of free, independent profession of pharmacy.

We are concerned that these issues be resolved in a manner that takes account both the public health interest as well as the legitimate interests of our profession.

The first resolution emphasizes the importance of participation by pharmacy in any health program involving drugs. In this instance, it is the new community mental health centers.

Resolution number 16 indicates our determination to assure that distribution of drugs through hospital pharmacies fulfills both ethical and legal requirements.

Resolution number 19 recognizes the great contributions by Simon Solomon to the profession of pharmacy and the cause of Fair Trade. "Si's" well deserved choice as the first Maryland recipient of the Robins Bowl of Hygeia Award for community service was universally acclaimed.

Resolution number 24 condemns the practices of some manufacturers who promote the dispensing of oral contraceptives by physicians.

Resolutions 13 and 14, concerning smoking, should be carefully noted both from the public health and legal aspects.

It should be pointed out that Resolution number 10, advocating "neutrality" for the Maryland Pharmaceutical Association in "controversies", was strongly rejected at the Convention.

The progress of associations and individuals to a mature and professional status requires facing up to critical issues and the responsibilities of far-sighted leadership.

Cordially,

Nathan I Gruz

Executive Secretary

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Balassone Voted N.A.B.P. President Elect

F. S. Balassone, Secretary of the Maryland Board of Pharmacy and Chief, Division of Drug Control, Maryland State Department of Health, was elected First Vice President of the National Association of Boards of Pharmacy at its Annual Meeting held in conjunction with the convention of the American Pharmaceutical Association.

Secretary Balassone will be installed as First Vice President of the N.A.B.P. at its next annual meeting in 1965.

Pharmacy Test Results Given

The Maryland Board of Pharmacy has announced the results of the examination given in June.

Registration was granted to: Irwin Cohen, Victoria W. K. Hall, Shirley Ann Harr, Sandra Jean Hollands, Alexander Leeds, Alan Thomas Lewis and Lucy Zahran Perry.

Exams Passed

The following persons passed the theoretical examination, but registration was withheld until they have met the legal requirements for practical pharmacy experience and have passed an examination in practical pharmacy: Matthew Francis Garlone, Ronald Edward Del-Castilho, Velma Shirley Schuman and Richard Lee Wynn.

Registration Granted

Those who had previously passed the theoretical examination, and by virtue of having passed the practical pharmacy examination, were granted registration, included: Carole Shaver Adair, Norman Irving Berman, Burton David Cohen, John Joseph Costabile, Melvyn Jay Goldberg, Robert Paul Hackley, Jerome Barry Ludgin and William Vincent Purvis.

Drug Store Changes

The following are changes in pharmacies during the month of August:

No Longer Operating As Pharmacies

O'Hara Pharmacy, John J. O'Hara, President, 2200 N. Fulton Avenue, Baltimore, Maryland 21217.

Change of Address or Ownership

Cavacos Drug Company, Andrew T. Cavacos, Proprietor, 1001 W. 36th Street, Baltimore, Maryland 21211. Formerly: a partnership of G. Cavacos, P. Capsanes and A. Cavacos.

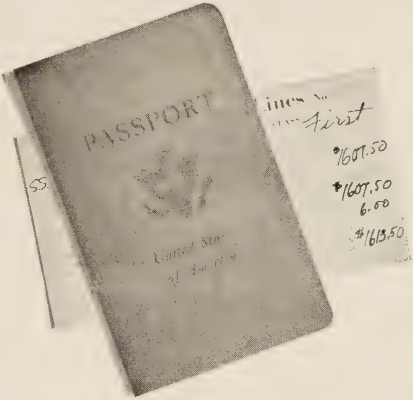
Cloverly Drugs, 712 Cloverly Street, Silver Spring, Maryland. Formerly: Hillwood Drugs, change of name only, ownership is the same.

Gardner's Pharmacy, Helen M. Gardner, Proprietor, 243 S. Washington Street, Baltimore, Maryland 21231. Formerly: Michael F. Gardner, Proprietor, deceased.

LAWS LIKE DRUGS

Laws are like drugs; you cannot always predict their full effect. When produced in haste in a period of emotion, they're apt to be worse than the ills they seek to cure.

—Abbottopics



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School of Pharmacy, U. of M., News ......

Dr. Slama Appears in TV Show

Dr. Frank J. Slama, Professor of Pharmacognosy at the University of Maryland School of Pharmacy, appeared in the WMAR-TV series: **Your Family Doctor.**

In **The Attractive Killers,** Dr. Slama explained to the television audience the potentially poisonous plants growing in most backyards that cause illness in about 12,000 children annually.

Dr. Slama said, "many people are unaware that the trees, shrubs or flowers, growing in their backyards or even in their homes can be deadly poisons, if eaten.

"There are more than 700 species of plants known to have caused death. or illness. Many of these plants are growing around us."

In the course of the show, twenty-one plants harmful when ingested. were discussed.

Some of those mentioned were: Lily of the Valley, Azalea, Hyacinth bulbs, Larkspur (Delphinium), and the underground stems of the common Iris.

The Show was presented by the Baltimore City Health Department and the Medical & Chirurgical Faculty of Maryland in cooperation with WMAR-TV.

Ronald Del-Castilho, a June '64 graduate of the University of Maryland School of Pharmacy, was the recipient of an "Outstanding Pharmacy Senior" award presented by the American Pharmceutical Association.

The award is given annually to a graduating senior of each college of pharmacy for outstanding service to the local A.Ph.A. Student Chapter.

Dr. Frank J. Slama, Professor of Pharmacognosy at the University of Maryland School of Pharmacy attended the meetings of the American Society of Pharmacognosy held at the University of Pittsburgh, Pittsburgh, Pennsylvania.

Alumni News

The following is a list of alumni and friends that attended the Maryland Alumni Breakfast, A.Ph.A. Convention—New York, on Tuesday, August 4, 1964 at the New York Hilton Hotel.

Juanito B. Abcede—University of Philippines, College of Pharmacy; William B. Baker—S. B. Penick Co., Morristown, N.J.; Frank S. Balassone—Maryland Board of Pharmacy; Theodore Benya—Hospital Pharmacist, University of Maryland; Frank Block—Baltimore, Maryland; Joseph Cohen—N.A.R.D., Washington, D.C.; B. Olive Cole—Baltimore, Maryland; Catherine Coleman—F.D.A., Arlington, Va.; Mary Ann Coleman—Hospital Pharmacist, Bayonne, N.J.; Mary W. Connelly—Hospital Pharmacist, Baltimore, Md.; John M. Cross—Rutgers University, New Jersey;John L. Cunzeman—SKF, Philadelphia, Pa.; Gustav Cwalina—Purdue University, Lafayette, Ind.; Norman J. Doorenbos—University of Maryland, Baltimore; Mrs. A. G. DuMez—Baltimore, Maryland; Noel E. Foss—University of Maryland, Baltimore; Alvin N. Geser—New Jersey Pharmaceutical Assoc., Trenton, N.J.; Samuel W. Goldstein, A.Ph.A., Washington, D.C.; Salvatore J. Greco—Creighton University, Nebraska; Nathan I. Gruz—Maryland Pharmaceutical Association, Baltimore.

C. T. Ichniowski—University of Maryland, Baltimore; Jonah Jaffe—Organon, W. Orange, N.J.; LeRoy C. Keagle—Northeastern University, Boston, Mass.; Stonewall C. King—University of Georgia, Athens, Ga.; Robert H. Klotzman — Great Falls, Montana; Robert E. Lawson—Hospital Pharmacist, Pittsburgh, Pa.; Norman J. Levin—

Baltimore, Maryland; Alexander J. Ogrinz—Baltimore, Maryland; Daniel Pasquale—Ciba, Summit, N.J.; Joseph S. Rowe—Abbott, Chicago, Ill.; Ludmila Stass—Xavier Univ., New Orleans, La.; Charles J. Swartz—Ciba, Summit, N.J.; Kenneth L. Waters—University of Georgia, Athens, Ga.; Solomon Weiner—Baltimore, Maryland; Harry R. Wille—Baltimore, Maryland; Nicolas Zenker—University of Maryland, Baltimore.

VOLUNTEER FOR HEALTH

I volunteered because I've been selfish all my life. God put us here to help somebody else, and I'm tickled to death if I can do it. . . .

If you got something to give to keep another fellow alive, you should give it. It's human nature to help people. . . .

—Colorado prisoners volunteering for kidney transplants, **Saturday Evening Post,** Steven M. Spencer.

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Contributions . . . . . .

Pharmaceutical and Cosmetic Aspects of Oleic Acid

By B. F. Allen, Ph.D.*

The composition of human sebum (fatty matter secreted primarily by sebaceous glands) has been studied by many workers and results show it is a complex mixture of many substances, including approximately 8 per cent of free oleic acid.

One very important finding from investigations of the composition of sebum is that it possesses bactericidal and fungicidal properties associated with the fatty acids. The role this plays in the causation of skin diseases has yet to be elucidated.

Several investigators observed that the self-sterilizing property of skin may be attributed to long chain unsaturated fatty acids. Some felt that oleic acid, in particular, gives sebum its sterilizing effect and that it and other unsaturated fatty acids (linoleic and linolenic) might be protective agents on the skin against some types of fungus infection.

Of much interest is the pH of the surface of the skin, and there has been a great deal of work carried out on this very question. Many have emphasized that the pH of the skin surface is of importance as a protective mechanism, and the "acid mantle" theory has received much attention. Some have stated, it is not the pH itself which is of so great importance, but rather, the various factors which operated to produce and maintain this pH.

One conception of the acid mantle is that its value is derived by being a protective sebum layer buffed on the acid side. The acid reaction of this protective skin layer is due to water-soluble acids, etc. In addition to these substances, oleic acid, because of its low water solubility has been found to have a minor influence on the pH of the skin.

The acid mantle is removed during washing, by abrasion, or by the mere every day activities of a person. It has been reported that if the acid mantle is removed by a non-damaging solvent or a mild soap wash followed by a thorough water rinse, the sebum is excreted at such a rate that approximately 80 per cent of the original fat layer is reinstituted within 60 minutes. One researcher found that the freshly secreted sebum contains about 50 per cent free oleic acid together with several more fatty acids. Although this initial acid mantle does not possess the final composition, it nevertheless can handle alkali and protects the skin by virtue of its fat content.

Oleic acid, $CH_3(CH_2)_7CH = CH(CH_2)_7COOH$, is described in the U.S.P. as an oily liquid obtained from tallow and other fats. Colorless to pale yellow when freshly prepared, but on exposure to air it gradually absorbs oxygen and darkens. When strongly heated in air, oleic acid is decomposed with the production of acrid vapors. It is practically insoluble in water, miscible with alcohol, fixed and volatile oils. The iodine value is not less than 85 and not more than 95.

Oleic acid finds extensive use in emulsified cosmetics and topical pharmaceuticals and is preferred to many other fatty acids when a low viscosity product is desired. For example, benzyl benzoate lotion (N.F.) is a liquid emulsion prepared by mixing benzyl benzoate (25 per cent) with triethanolamine (0.5 per cent) and oleic acid (2 per cent) and then shaking with water and making to volume. The triethanolamine reacts with the oleic acid to form a soap which functions as the emulsifying agent.

Shelf life problems are a major concern for producers of shampoos and

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*Associate Professor of Pharmacy, University of Maryland, School of Pharmacy.

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other toiletries unless they contain an oleic acid with excellent oxidation stability. The heat used during processing tends to discolor oleic acid and the resultant soaps yellow or darken in color, especially after prolonged storage. This change is often noted in soft vanishing cream formulations if oleic acid is one of the key ingredients.

Many brands of oleic acid are commercially available without the shortcomings in performance. This means unexcelled lightness in color, outstanding color stability against yellowing, and remarkable resistance to oxidation protects against the development of rancidity and unpleasant odors.

For example, GROCO-6 (Gross) is a U.S.P. grade of oleic acid referred to as a white oleine with a maximum iodine value of 95 and the component fatty acids are myristic (5 per cent), palmitic (3 per cent), stearic (1 per cent), oleic (82 per cent), linoleic (8 per cent) and linolenic (1 per cent). GROCO-5L is a low linoleic white oleine with a maximum iodine value of 90 and the component fatty acids are myristic (6 per cent), palmitic (2 per cent), oleic (89 per cent), linoleic (2.5 per cent) and linolenic (0.5 per cent).

Century brand (Harchem) oleic acids are derived from selected animal fats and possess exceptional light color and color stability. The polyunsaturate content for Century 1050LP (white oleic acid) is 3 per cent (maximum), while the amount in Century 1010 (distilled oleic acid) is not indicated (but probably less than 3 per cent).

Fatty acids that meet a user's demanding specifications shipment after shipment are essential to the manufacture of consistently fine end products. Constant vigilance by the fatty acid producer is the only way to give the user what he needs in a raw material. Even the most carefully selected fats and oils may vary considerably in composition as received. Therefore, the maintenance of product quality and uniformity in the fatty acid plant depends on controls and adjustments at each step of manufacture. Visual and analytical laboratory tests must be made on the material in process from beginning to end. These tests furnish a guide whereby the material is cut and trimmed by removal of impurities, volatiles, residues and color bodies until the finished product fits the desired specifications.

With the numerous grades of oleic acid available the selection of the right one to meet a definite requirement becomes complex. Economic considerations preclude the use of the highest quality acid in general purpose applications. Quality requirements of some finished products eliminate lower grades.

For example, one manufacturer (Emery) offers 8 grades of oleic acids (EMERSOLS) to meet the varied requirements of performance and cost. Their Emersol 233LL, low linoleic oleic acid represents one of the purest commercially available.

In spite of the great inroads that have been made by synthetic products in their replacement of soap as a detergent or emulsifier, there is still a relatively large number of cosmetic items on the market that employ soap as either the basic detergent or as the emulsifying base for the system.

In formulating cosmetic products that employ soap as the emulsifying base, the soap may either be formed "in situ" by the saponification of a glyceride oil, or it may be formed by simple neutralization of a fatty acid with the proper alkaline base.

When using natural fats and oils, the formulator has no choice of fatty component other than that which may be accomplished by the blending of these substances. For example, should he desire a pure oleate soap, he must be satisfied with the total fatty component mixture present in olive, peanut, or corn oils, etc. Consequently, the soap thus formed will consist of only 50 to 80 per cent oleate soap, the remainder being a varying mixture of linoleate,

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palmitate and stearate soaps. Should he choose to employ a fractionally crystallized and distilled oleic acid as the soap-producing base, the soap thus formed would contain upwards of 95 per cent of the pure oleate derivative.

The primary use of fatty acids in many cosmetic preparations is as highly superfatted soaps. If oleic acid is substituted for stearic acid in a brushless shave cream formulation, the resulting cream will be considerably softer.

One study reports the effect of oleic acid composition on the consistency of an oil-in-water cream type formula (control: 15 per cent solid fatty acid, 2 per cent sorbitol solution, 1 per cent potassium hydroxide and 82 per cent water). Three series of creams were prepared, (1) with less than 1 per cent oleic acid, (2) with 10 per cent oleic acid, and (3) with 20 per cent oleic acid. The addition of oleic acid gave a variety of results, ranging from an increase in stiffness as small amounts are added, and on further addition the consistency thins progressively. Also from 2 to 5 per cent produces pearliness (satin-like sheen associated with product excellence) in the cream.

The wide usage of oleic acid is partly illustrated in the following (figure in parentheses, per cent of oleic acid in formulation): coconut shampoo (27), protective cream (16), jellied brilliantine (11), liquid shaving soap (10), suntan lotion (4), electric-shaver after-shave lotion (2) and brushless shaving cream (2).

The choice of the best excipients for the formulation of remedies is of vital importance in ensuring the stability and efficiency of the resulting preparations.

It is, therefore, essential that pharmacists should have as complete a knowledge as possible about all the chemical, physical and pharmacological properties of all substances used for the formulation of medicaments, including vehicles and excipients (this term includes any substance used in the formulation) as well as those of the ingredients themselves.

Although oleic acid is not classified as an essential unsaturated fatty acid, recently, several commercial products for oral administration have emphasized the presence of this material. Examples are: DONIC capsules (linoleic and linolenic acids 500 mg; arachidonic, pentaenoic and hexaenoic acids 100 mg; oleic acid 175 mg; saturated fatty acids 100 mg; mixed tocopherols 1 mg), DONIC FORTE capsules (linoleic and linolenic acids 350 mg; arachidonic, pentaenoic and hexaenoic acids 350 mg; oleic acid 200 mg; saturated fatty acids 100 mg; mixed tocopherols 1 mg), and POLYMUL dispensulet (each 1 ml. contains linoleic and linolenic acids 600 mg; tetra, penta and hexaneoic acids 100 mg; oleic and saturated acids 150 mg; mixed tocopherols 5 mg; polysorbate-80 50 mg). The Donic capsule is indicated for allergies and infections, the Forte capsule for hypercholesterolemia, and the dispensulet as an infant nutritional supplement to be added in "formula" after sterilization.

The chemical reaction of esterification consumes large quantities of fatty acids. Many of these esters find their way into many products. A series of derivatives of oleic acid are methyl, ethyl and propyl oleates.

"Sulphonated" oils find some use as detergents although this is not large. Properly, these are sulfated oils and are produced from unsaturated glycerides, reesterified products such as methyl oleate and oleic acid.

Ethyl oleate is used as a solvent for vitamins and other oil-soluble substances, and must be as free as possible from rancidity and peroxides which may damage many medicaments.

Through the use of modern processing techniques, short chain acids can be produced from fatty acids which are useful in the manufacture of odorous materials. A source of low molecular weight acids of relatively high purity is through the oxidative cleavage of oleic acid to yield pelargonic acid. Simple derivatives of this compound (ethyl, propyl, butyl esters, etc.) have interesting fruit-like odors.

The presence, as well as content, of oleic acid and related compounds or derivatives in a preparation should be emphasized on the label of a product. Many "ingredients" featured on labels have continually been materials with far less usefulness. Oleic acid, as a glamorous additive could be promoted as the ingredient which gives the products their special "something."

Other interesting commercial products (not previously mentioned) which are or have been available containing oleic acid and similar materials (listed in parentheses): AR-EX HYPOALLERGENIC LOTION (sorbitan monooleate), GELSAF SUPER W/VITAMINS (150 mg. oleic acid per capsule), LENIC (175 mg. oleic acid per capsule), MARVOSAN CREME (one-half per cent sodium oleate), ORIDINE (calcium oleate), SAFF-LO (19 per cent oleic acid), SOY-PHOSPHATIDE (1.25 Gm. oleic and palmitoleic acids per tablespoonful), and TERRA-CORTRIL TOPICAL SPRAY (sorbitan trioleate).

New Perspectives in Pharmaceutical Practice

By Raymond A. Gosselin

Presented at the Second Annual Simon Solomon Pharmacy Economics Seminar of the Maryland Pharmaceutical Association.

Mr. Gosselin is President of R. A. Gosselin & Co. of Dedham, Massachusetts, a market research organization specializing in the pharmaceutical field. He is a pharmacist with two master's degrees—one in pharmacy administration and one in statistics.

Pharmacy, today, is a profession seeking an environment in which to be practiced. Major economic and sociological forces are at work which are relentlessly forcing pharmacy away from the basic environment in which it has found itself most of the last ten decades. There are many practicing pharmacists (perhaps "druggists" is the better term here) who bemoan these developments for, as entrepreneurs, their very business existence is at stake. Others who have the courage to take a truly objective look at what is developing see pharmacy emerging as a new, dynamic and autonomous activity of the highest professional order.

Among the prognostications one can make concerning the practice of pharmacy in the years ahead, is to predict its separation from the non-drug mercantilism of which it has been a part for so long. The day is soon coming when pharmaceutical service can be provided to a community without having to be carried, economically speaking, by a large variety of consumer merchandise having not even the remotest relationship to the health field.

The transition of dentistry from a barbershop-general store environment to an autonomous profession serves as a good illustration of what may be expected for pharmacy.

Left to the initiative of the large majority of pharmacy practitioners, however, this outcome could not materialize except for a few isolated cases; for most "retailers" have had no basic motive for engineering a divorce of professional activity from that of general merchandising. While perhaps preferring a professional image, few have seriously objected to being classified as merchants. By far and large, most pharmacists have enjoyed a rather unique status in community business—a merchant enjoying, to a degree, a professional image and a respect not always accorded to his business neighbors. What will make this prognostication become a reality?

The miracle of mass production coupled with the mid-twentieth century fact of mass consumption has produced a phenomenon which can only be labeled mass distribution. The pharmacist-merchant (druggist) is being caught up in a mighty, almost instantaneous transition in distribution and retailing procedures. The effects of the current revolution in United States marketing systems has had and is having sweeping effects on all involved in the distribution of goods to consumers. Pharmacists are in the thick of it.

Almost 200 million people in this country constitute a tremendous economic and sociological force which, by its actions, dictates what form business takes. After 100 years in which to perfect itself, plus the added stimulus of several major wars, the productive capacity of the nation now exceeds the demand for consumer goods. We are in an era of the buyers' market, and it is the buyer who is and will be governing who will serve him, where, and how.

The function of mass distribution is easily seen—to bridge the gap between mass production and mass consumption in the most economical and efficient way. Mass distribution takes on many forms and, unfortunately, pharmacy seems to see only one, and then somewhat generically labels it "the discounter".

Large mass merchandising stores and shopping centers have become as much an integral part of American life as the superhighway and the jet airplane. Few in the population would seriously consider abandoning all this in favor of the "old way" even if, sentimentally, it is sometimes contemplated.

Somewhat falsely, the assumption is often made that the mass merchandising centers win and hold customers on nothing but price appeal. The very term "discounter" is ample evidence. While the initial appeal is on this basis, prices over-all tend to seek the level of non-mass merchandising operations as customers begin to demand service, credit, sales help, wider selection of goods, repairs and maintenance, and someone to complain to. Obviously, there has to be an appeal above and beyond price alone, and there are many, easily recognizable to each of us as shoppers.

When the mass merchandisers began adding lines of goods sought by customers, most of the pharmacist's immediate neighbors were affected . . . first the corner grocer, then the florist, jeweler, bookstall, shoe store, etc. While viewing these developments with a sympathetic attitude for the store owners going out of business, the pharmacist gave little thought to the prospect of this happening to him. Sooner or later, however, household remedies and medicines and the bulk of the average drug store's front lines had to become shopping list items. And now, the inner vault itself has been penetrated—Prescription Departments in discount stores.

At this point, one would perhaps conclude that pharmacy is about to move lock, stock and pestle into the "supers". Mass distribution as mentioned earlier, takes on many forms—and there are others which will affect the future practice of pharmacy.

The practice of medicine itself is undergoing radical changes as a result of the surge of population growth and mass distribution. Disappearing rapidly is the old friendly General Practitioner whose living-room doubled as an office. The complexities of diagnosis and therapy have created the Specialist (they now outnumber the GP's), and simultaneously are forcing the various Specialists into cooperative efforts as formal group practice or an informal but close association basis.

Group practice not only provides, collectively, what used to be the "General Practitioner", but enables each physician to utilize the services essential to today's practice—diagnostic laboratories, x-ray facilities, central library, etc.

A recent study indicated that more than 20,000 physicians now practice as part of a formal group; and the number grows each day.

A major factor in "medical mass distribution" is the hospital. The hospitals of the nation have been steadily increasing their share of phamaceutical business since the end of World War II.

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At that time only 10% to 15% of all pharmaceutical sales were to hospitals. Today they exceed 30%, with projections indicating 50% by the 1970's.

New hospital construction is at an all-time high. Whether new or old, hospitals are adding adjoining professional buildings designed to house physicians who maintain private practices. Tied together, then, are physicians, full and complete laboratory facilities, equipment, and pharmacy service. More and more, hospital pharmacies are no longer merely drug rooms for the internal use of the hospital. The trend to a first-floor lobby location of a pharmacy open to the public is unmistakable.

Here, then, we have what might be called a "one-stop Medical Shopping Center" . . . checkup or diagnosis, complete laboratory tests, and prescriptions filled for the whole family without once moving the automobile!

Thus far, two diametrically opposed trends have been stated:

1. Movement of pharmaceuticals into mass merchandising activities.
2. Movement of pharmaceuticals into "mass" Medical Centers.

For purposes of discussion, the first group includes "discounters", "supermarkets", "shopping center chain stores", "mail order drug stores", "union-owned pharmacies", etc. The second group includes private hospitals, tax-supported hospitals, medical clinics, group medical practices, etc. The impact of these trends upon the practice of pharmacy could be sweeping.

First is the proposition that the *pharmaceutical* profession will be upgraded. The loss of traditional drug store lines to mass merchandisers will mean the "relocation" of the professional activity to areas more compatible with medical practice. Pharmacy, as one of the very definite areas of medical specialization, will of necessity find itself operating in very close proximity to the other specialists who comprise the new "Health Team".

Prescription departments in mass merchandising superstores are not likely to become a dominant factor in this over-all scheme. In order to do so, the implication is that such a department could compete with, say, a hospital in terms of having a full inventory of all prescription drugs for both *acute* and *maintenance* therapy, and make them available at comparable prices. Anticipating inventory requirements would be a difficult proposition in the supers because of a widespread and vacillating clientele. A hospital or group practice pharmacy, conversely, with its medical population close at hand, gains efficiency. "Supers" have entered the prescription business primarily because too many retail pharmacists have allowed maintenance therapy prescriptions to become *shopping list* items, a natural for the mass merchandiser. Not being able to get that "emergency" prescription filled at the superstore, quickly sends a patient flying back to where he knows he can get it. In the long run, it is perhaps safe to speculate that superstore pharmacies will thrive, in some areas and not in others, by absorbing the volume done previously by a number of sub-marginal drugstores which very likely were "cut-rate" anyway.

Recognition of the fact that prescription volume can be split on an "acute" vs. "maintenance" therapy basis is an important one in contemplating the future. Illness, no matter how minor, *is serious* to the individual or family involved. The average person is not overly concerned with price, companion purchases, and other shopping list items, when a prescription is handed him by a physician. Neither is he inclined to be impressed by the frivolous carnival-like atmosphere of a superstore just then. The quiet, confident atmosphere of a professional pharmacy, however, is something else again. In the future, I believe the professional pharmacy, be it independent, local or regional chain, part of a group clinic or hospital, is not

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apt to let that patient migrate away to a superstore once he becomes a "maintenance patient". Once a patient goes on long-term maintenance therapy, he in a sense becomes the pharmacist's responsibility. Physicians, I believe, are soon to arrive at a point where they will demand better controls on maintenance therapy patients. A diligent and professional pharmacy can serve this purpose most adequately by keeping proper records on the refill prescription activity of patients, providing the physician with detailed information concerning these patients. In order to attract and hold these patients, however, pharmacists will have to think "long range" in the matter of charges for oft-refilled prescriptions. It would seem logical that, in exchange for the long-term repetitive volume represented by maintenance drugs, the markups of each could be scaled downward somewhat after the initial filling. Added to this could be a systematic approach of informing the patient by postcard, for example, beforehand when a new supply is ready for him, based on the daily dosage schedule. The alternative to such an approach is for pharmacists to continue to lose maintenance volume to "supers", and for refills to fall into a quasi over-the-counter status. This is an invitation to mandatory regulatory controls in this very important segment of the medical market. Over 50% of all prescriptions dispensed in America are refills.

In predicting the future, a common pitfall is to make the "all-inclusive statement". That is, what is predicted leaves no room for possible variations. Most events, even if major, never constitute a 100% change. At this point it seems appropriate to speculate as follows, based on the observations made above:

In ten years, more or less:

1. Pharmacy will have emerged as the "Pharmaceutical Profession", closely affiliated with other elements of a complex "Health Team".
2. The Pharmaceutical Profession will be supported entirely on the basis of charges made for dispensing prescriptions and prescription accessories. Other traditional lines of merchandise, no longer needed to carry the Prescription Department, will have moved to other outlets.
3. Pharmacies will be of considerably larger size, and the number will increase as a rapid population growth demands pharmaceutical service in new and expanding communities. Pharmacies, generally, will either be located in or adjoining hospitals, clinics, and group practices; or will be large independents or "chains" serving a concentrated medical community. Traditional pharmacies will remain where local circumstances permit. Superstore pharmacies will, by far and large, absorb only the volume previously done by the hundreds of "sub-marginal" drug stores of the bygone era. Price differentials to pharmacies will largely disappear as individual pharmacies tend to increase in size and volume. Hospitals will continue to purchase in large quantities for "in-patient" requirements as well as meeting "out-patient" demand. However, non-hospital pharmacy purchases will be of such scope as to warrant equal consideration on prices.
4. Fewer pharmacists will strive to be "proprietors", but will find rewards in being employed as one of a considerable number of pharmacists in a "corporate pharmacy" at a good salary, good hours, and enjoying a high professional standing. Prospects for advancement will be excellent as a system of pharmacist "ranks" evolves under multiple pharmacist employment.
5. An entirely new distributive system is likely to evolve between manufacturers and the new medical dispensing centers. "Standard drugs" are apt to be supplied on a "franchise basis", with the pharmacists carrying the

responsibility for "selling" the line to the physicians served by the center. Trade-named pharmaceutical specialties, to become an even larger part of therapy in years to come, will continue to be stocked by all active prescription pharmacies, with the selling responsibility to the medical profession retained by the manufacturer-marketer. Wholesalers will become more specialized as a result of the splitting away of prescriptions and other lines once found together in traditional drug stores. They will serve an important function in the distribution of specialty products, despite a greatly increased tendency for "direct" purchases by pharmacies from manufacturers.

6. Pharmacy, which will remain "The Art and Profession of Preparing and Dispensing Drugs and Medicines", will provide more and more manpower to research, production, product development, and to the management and marketing activities of "Pharmaceutical Houses".
7. The "Pharmaceutical Profession" will have a very broad connotation encompassing the currently separate areas of retailing, wholesaling, manufacturing and marketing. The pharmacist of the future will "straddle" all more efficiently than in the past, providing a vastly improved communication system between the several elements. As a result, the entire system of providing pharmaceutical service from drug discovery to patient consumption will be better integrated and more efficient.

DOSE OF MEDICARE

A department of Health, Education, and Welfare employee, deciding on a poll while vacationing in New England, asked a sweet old lady of 71: "What do you think of Medicare?" She replied: "I don't know for myself, but I have a friend that tried it and lost 21 pounds."

—Long Island Press

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Robins Pharmaceuticals 1878 Research

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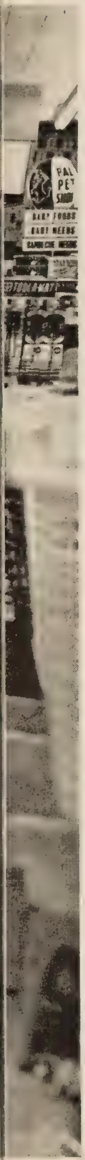
DENTAL NEEDS
TOOTH BRUSHES

CUSTOMER, CUSTOMER, WHO GETS THE CUSTOMER ?



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Third Annual Simon Solomon Pharmacy Economics Seminar

Sponsored by the Maryland Pharmaceutical Association with the cooperation of the N.A.R.D. and Small Business Administration

THURSDAY, NOVEMBER 12, 1964

WARREN HOUSE—BLUE CREST NORTH

403 REISTERSTOWN ROAD, PIKESVILLE, MD.

8:45-9:15 A.M.—Registration

9:15—PRESIDING—Aaron M. Libowitz, Seminar Chairman

WELCOME—Solomon Weiner, President, Maryland Pharmaceutical Association

REMARKS—Simon Solomon, Guest of Honor

MORNING PROGRAM

MODERATOR—Meredith R. Hoffmaster, Manager, Baltimore Office of the Small Business Administration.

MR. RICHARD SANZO, Vice President, Dun & Bradstreet, New York.

"Applying Effective Management Techniques to Small Business".

Decision making, delegation, personnel relations, financial controls. Why many small businesses fail today.

MR. JACK L. LEVIN, Shecter & Levin Advertising Agency.

"Public Relations and Advertising for the Neighborhood Pharmacist".

Practical programs and techniques for community pharmacies.

MR. DONALD B. REYNOLDS, Director of Merchandising of the National Association of Retail Druggists.

"Yes, Virginia, There is a Front End".

The critical problems facing the independent pharmacist and some useful answers. Also, results of the N.A.R.D.-Proprietary Association merchandising research project.

SUMMATION—Nathan I. Gruz, Executive Secretary, Maryland Pharmaceutical Association

LUNCH—12:30 P.M.-1:30 P.M.

AFTERNOON PROGRAM

PRESIDING—Secretary Gruz

MR. JERRY D. WORTHY, Assistant Deputy Administrator, Small Business Administration, Washington, D.C.

"The Small Business Administration and the Retail Pharmacist".

Various programs designed to be of assistance to small business, with emphasis on financial assistance programs.

PANEL—"CREATIVE SELLING AND SALES TRAINING: HOW TO SELL TO INCREASE PROFITS"

MODERATOR—Aaron M. Libowitz, Seminar Chairman

PANELISTS—Practicing Pharmacists

MR. CARL E. BAIN, Richmond, Virginia. "First Aid for Profit". How to Promote First Aid Supplies.

MR. I. EARL KERPELMAN, Salisbury, Maryland. "Surgical Supports Can Be a Major Pharmacy Department". An opportunity for unique services.

MR. MARVIN FREEDENBERG, Hyattsville, Maryland. "Pharmacists Can Sell Vitamins". How to increase your share of the vitamin market.

MR. VICTOR H. MORGENROTH, JR., Baltimore. "Merchandising Your Prescription Department By Manifesting a Professional Attitude".
The importance of service in competing with discounters.

4:00 P.M.—SUMMATION—Chairman Libowitz

ADJOURNMENT

REGISTRATION FORM

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Warren House—Blue Crest North • 403 Reisterstown Road, Pikesville, Md.

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Please enter .... registrations for the Third Simon Solomon Pharmacy Economics Seminar at $3.00 each.

Please reserve .... luncheon tickets at $3.75 each.

Check in the amount of .... is enclosed.

Please arrange motel accommodations at the Warren House Motor Hotel as follows:

Type of accommodation ☐ Single ☐ Double ☐ Twin

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MAIL to: NATHAN I. GRUZ, Executive Secretary Maryland Association
650 West Lombard Street, Baltimore 1, Maryland 21201

Resolutions Adopted 82nd Annual Meeting Maryland Pharmaceutical Association

WHEREAS, Maryland, with support from Federal grants, is engaged in community mental health planning to provide for better care of mentally ill within the State, and

WHEREAS, this care will encourage prompt and comprehensive services—including diagnosis, rapid treatment and effective rehabilitation—in Community Mental Health Centers close to patients' homes, utilizing the maximum that is available of community therapeutic and rehabilitative resources, and

WHEREAS, Pharmacy has not been included in community mental health planning as a vitally interested group within the State, and

WHEREAS, Pharmacy is an important part of any local community mental health planning because it can help develop efficient drug distribution and dispensing methods for these Community Mental Health Centers,

THEREFORE, BE IT RESOLVED, that the Maryland Pharmaceutical Association, in annual convention assembled, urges its members and directs the Executive Committee to participate immediately in community mental health planning at local and state levels.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it hereby records its grief and sense of loss in the death of Dr. John F. Wannenwetsch, for twenty-five years Treasurer of the Maryland Pharmaceutical Association, who over a long period of years was deeply devoted to the aims and purposes of this Association and his fellow pharmacists, and who freely gave his services, wise advice, and good counsel to the Association, as well as to our individual members, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to his sister, Miss Hortense Wannenwetsch.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it urges that the section on general practice of pharmacy of the American Pharmaceutical Association consider the modification of its programs to reflect the contributions and problems of the average community pharmacist so that its programs will be of more interest and use to the average community pharmacist in the United States, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the American Pharmaceutical Association.

RESOLVED, by the Maryland Pharmaceutical Association in annual convention assembled, that it commend the Federal Trade Commission for its activities against false and misleading advertising, including drugs and related products, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the chairman of the Federal Trade Commission.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it strongly urge the repeal of Federal Retail Excise Taxes on toilet preparations, cosmetics, jewelry, and leather goods, since it is an oppressive, excessive and discriminatory tax, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the members of the Maryland Delegation in Congress.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commend those manufacturers whose policies make drugs available to community pharmacists on the same terms and conditions to which they are made avail-

A REAL BUSINESS BUILDER!

A UNIQUE SERVICE . . . YOU CAN NOW OFFER YOUR CUSTOMERS FREE!

HEALTH SAV-A-TAX™

- Get 100% — not just 50% — of your present customers' Rx and drug business
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YOU CAN'T HELP BUT INCREASE Rx AND DRUG BUSINESS BECAUSE . . .

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2. YOUR CUSTOMER will be pleased to know you are taking pains to help "protect his **health** and **pocketbook**".
3. YOUR CUSTOMER will appreciate your having a record at your fingertips of his family's Rx needs.
4. YOUR PHYSICIANS will look to you for patient/customer information you can supply with SAV-A-TAX.
5. WALK-INS will become steady customers.

INSTANTLY AVAILABLE FOR YOU EACH FAMILY'S NEW AND REFILLED Rx'S BY NUMBER AND INGREDIENT CODE.

ONE ENTRY MAKES . . OFFICIAL STORE RECEIPT •Rx LOG BOOK • CUSTOMER PERMANENT PURCHASE RECORD

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City . . . . Zone . . . . . State . . . .

able to all hospitals and other institutions for medical service, which similarly engage in dispensing prescription medication to the public, and

BE IT FURTHER RESOLVED, that all manufacturers be urged to review their distribution policies to non-profit, tax-exempt institutions to assure that drug purchases and usage are consistent with the term and conditions of the sale.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it does not believe that it is in the best interest of the patient, the physician or the pharmacist, for the label of a prescription to include the name of the ingredient or ingredients, except for very unusual medical reasons, and

BE IT THEREFORE RESOLVED, that a copy of this resolution be forwarded to the Medical and Chirurgical Faculty of Maryland.

WHEREAS, a number of pharmaceutical manufacturers are employing a "direct selling" policy under which better prices and terms are offered to those pharmacists who can purchase directly from the manufacturer than to those who choose to, or are forced to, purchase the same lines through their drug wholesaler, and,

WHEREAS, those policies work undue hardship on the majority of independent retail pharmacists as well as on their principal sources of supply, the drug wholesalers, and,

WHEREAS, service to the consumer or patient may be unduly delayed or completely disrupted, thereby, to the detriment of the general health and well being of the public,

NOW THEREFORE BE IT RESOLVED, that the Maryland Pharmaceutical Association respectfully requests a re-appraisal of all such policies and a re-evaluation of the impact such policies may have upon the public interest, and that a copy of this resolution be sent to the Pharmaceutical Manufacturers' Association, Federal Wholesale Druggists' Association, National Wholesale Druggists' Association, and the local drug wholesalers.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it condemns the practice of health insurance companies requesting the names of the ingredients of prescriptions to be paid for by their respective health insurance policies, since the professional responsibility of the pharmacist is not to reveal the names of any ingredient of a prescription to any person other than the physician, without his expressed approval, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Association of Health Insurance Companies, to the Insurance Commissioner of the State of Maryland, and to the Medical and Chirurgical Faculty of Maryland, to acquaint them with this unethical practice, and that a copy also be sent to the American Pharmaceutical Association and the National of Retail Druggists.

WHEREAS, a serious health hazard is created when legend drugs, including professional samples, become available to the public without professional supervision, and

WHEREAS, the uncontrolled and indiscriminate distribution of professional samples of such drugs increases such hazard,

BE IT RESOLVED, that the Maryland Pharmaceutical Association (1) condemns the illicit distribution of legend drugs in sample form or otherwise, (2) urges manufacturers to exercise adequate controls over the distribution of legend drug samples by professional representatives and by other means, and (3) commends those manufacturers who have adopted programs requiring strict accountability on the part of their professional representatives, and

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Our new modern facilities shall enable us to provide pharmacies the finest service and best quality possible.

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Pharmaceutical Manufacturers' Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commends the National Association of Retail Druggists for its efforts in attempting to obtain approval of the "Quality Stabilization Bill" and that it will continue to support any efforts made in the future to obtain the passage of a similar bill that is so essential to the survival of the independent pharmacist, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to each member of the Maryland Delegation in Congress as evidence of the deep interest of the members of the Maryland Pharmaceutical Association in the basic purposes of the bill, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the National Association of Retail Druggists.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that in view of the health hazards associated with the smoking of tobacco that it urge its members not to promote or advertise cigarettes, as an indication of its continued interest in the public health, and

BE IT FURTHER RESOLVED, that a copy of this resolution be distributed to all members of the Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that its members carefully refrain from selling tobacco products to minors in view of the State law which plainly spells out this limitation, and

BE IT FURTHER RESOLVED, that a copy of this resolution be distributed to all members of the Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it urge its members not to promote health preparations that are cited by the Federal Trade Commission as an expression of its continued interest in the safety of the public health, and,

BE IT FURTHER RESOLVED, that a copy of this resolution be distributed to the membership of the Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that appropriate representatives of the Association meet with representatives of the Maryland Association of Hospital Pharmacists to review the practice and problems associated with the distribution of drug products and prescriptions by some hospitals to persons who are not patients of the hospital or may have been discharged from the hospital, and

BE IT FURTHER RESOLVED, that a report of this joint committee be brought to the attention of the Executive Committee of the Maryland Pharmaceutical Association for further consideration and action, and,

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Maryland Association of Hospital Pharmacists and the American Society of Hospital Pharmacists.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it strongly protest the current practice of the Armed Forces of the United States to offer a four months training program for technicians who will later be used by the Armed Forces for the compounding and dispensing of drugs for the personnel in the Armed Forces since the Armed Forces personnel are entitled to the same kind of expert service provided for the distribution of drugs by licensed pharmacists in the several states of the United States, and, BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the appropriate authorities.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it extend its sincere appreciation and thanks to those news media in the state that have been most cooperative and helpful in acquainting the public during the year with Pharmacy's many contributions and services to the public, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the proper officials of these news media.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commend Mr. Simon Solomon for his excellent report on "Fair Trade," for his many contributions to the profession of pharmacy and the State Association in the past, and his selection as the first recipient of the Robins Bowl of Hygeia Award for community service, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Mr. Solomon, and further distributed as may be appropriate.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it congratulate Mr. Roy Snell of People Drug Stores for having been awarded first prize by the Maryland Pharmaceutical Association and the American Pharmaceutical Association for the best window display among pharmacists during National Pharmacy Week 1963, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Mr. Snell.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commend Mr. Walter E. Albrecht, ex-officio member of the Executive Committee, and Mr. William A. Cooley, President of the Association, for their special efforts in attempting to correct the inequities for the pharmacist in the Medical Care Program, and,

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Mr. Albrecht and Mr. Cooley.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that the Secretary be directed to prepare and transmit a suitable resolution of appreciation and thanks to participants of the Atlantic City meeting and to those organizations and contributors who made special contributions to the success of the program and entertainment.

WHEREAS, it is the practice of some pharmaceutical manufacturing companies to promote the initial distribution of their products or preparations by having a pharmacist fill the first prescription for the preparation free and then by means of a coupon, certificate, "script," or some other variation of this insiduous promotion, arrange for the pharmacist to receive two packages of the preparation, or other compensatory merchandise "free" from the manufacturer, and since this distribution system often increases the stock of the pharmacist without providing any real monetary return or profit,

BE IT RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it condemns this improper method of distribution which is unfair to the pharmacist, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the manufacturers who employ this nefarious method of distribution, and that a copy also be sent to the Pharmaceutical Manufacturers' Association.

WHEREAS, for the best interprofessional relationship between the pharmacist and the physician the distribution of prescription drugs should be through a pharmacy, and

WHEREAS, it has been reported that some pharmaceutical manufacturers are encouraging physicians to dispense oral dosage forms of relatively new birth control preparations and are distributing and billing these preparations directly to the physician, in some instances at a cost less than that available to the community pharmacy,

BE IT RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it condemns this method of distribution and that a copy of this resolution be forwarded to the home offices of the companies involved, and to the Pharmaceutical Manufacturers' Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it extend its appreciation to the Maryland State Dental Association for the many courtesies it has extended to the Maryland Pharmaceutical Association in fostering better professional relations, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Maryland State Dental Association.

The Resolutions Committee did not favor the following resolution and did not recommend that it be adopted. This action was sustained by the membership at the convention.

WHEREAS, Maryland Pharmacy is concerned with matters of both a professional and an economic nature, and

WHEREAS, it is the primary function of the Maryland Pharmaceutical Association to serve all facets of Pharmacy in the State as reflected in its diversified membership, and,

WHEREAS, as an Association it is necessary to seek information and guidance from educational, professional, business and law enforcement organizations on a local, state and national level in order to serve the best interest of Maryland Pharmacy,

BE IT RESOLVED, that the Maryland Pharmaceutical Association dedicate itself to maintain a friendly, impartial relationship with all local, state and national organizations, and

BE IT FURTHER RESOLVED, that the Maryland Pharmaceutical Association refrain from becoming involved in controversies that tend to confuse the issues and divide Pharmacy.

First plant five rows of P's:
P-resence
P-reparedness
P-romptness
P-erserverance
P-erceptiveness

Next to this plant three rows of squash:
Squash gossip
Squash criticism
Squash indifference.

Then plant five rows of lettuce:
Let us be faithful to duty
Let us be unselfish and loyal
Let us be true to our obligations
Let us love one another

No garden is complete without turnips:
Turn up for meetings
Turn up with a smile
Turn up with ideas
Turn up with determination to make everything count for something good and worthwhile.

Author unknown (in the Nevada State Pharmaceutical Assn. Secretary's Letter

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Use Your Association Services

EXAMPLES:

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3. Speakers and speeches for community groups.

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With Stewart In-fra-red sandwiches there is no waste — no leftovers — no food buying problems — and no mess. Order only as many sandwiches as you need, they're delivered to you at the peak of freshness — hermetically sealed in cellophane. Easy to store and easy to stock in your present refrigeration.

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Robert Tobias	Kenneth L. Whitehead	Robert A. Williams

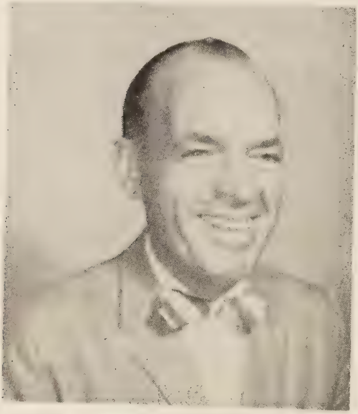
*Post-Humously

Maryland Pharmacist Committee

Wilson Spilker, Chairman
Lou Rockman
Frank J. Slama, Board Advisor
Sam Sieger

Volume 22 AUGUST 1964 No. 10

T.A.M.P.A. President 1964-65



ALFRED E. CALLAHAN

Alfred E. Callahan was born in Wye Mills, Maryland, February 20, 1919. He moved to Centerville, Md. at the age of 3 and graduated from Centerville High School. He graduated from Riverside Military Academy. In 1936 he moved to Wilmington, Delaware, where he attended Goldey College.

Long Career

He worked for Monumental Life Insurance Co. from 1937 to 1946, when he became salesman for Lance, Inc. He was promoted to Branch Manager and was transferred to Cleveland, Ohio, in 1950. He was assigned to his present post as Branch Manager in Baltimore in 1958.

He lost his wife in 1962, leaving twin daughters and two sons. In November 1963, he lost his 19 year old son who was in the U.S. Marine Corps., due to an automobile accident while on leave. His twin daughters, now age 24, live in Cleveland, Ohio. One is single and the other is married and the mother of three lovely daughters. His son Patrick is age 8.

Director and V.P.

Al joined T.A.M.P.A. in January 1958. He has served on several committees and on the Board of Directors. He held office of Third Vice President and was Second Vice President until the death of Jim Allen, at which time he was advanced to First Vice President.

Active in many social activities, including Wedgewood Club, Al's main hobby is boating and enjoys his 30 foot Chris-Craft.

Annual Crab Feast

The annual TAMPA Crab Feast was again held jointly with the Baltimore Metropolitan Pharmaceutical Association on August 13th at Hendler's on the Severn.

Pharmacists and TAMPA members joined in an afternoon of recreation and entertainment with baseball, cards, crabs and roast beef.

The committee consisted of Charles E. Spigelmire, Jerome A. Stiffman, Joseph Okrasinski, Herman A. Bloom, Sheeler Read and Al Callahan.

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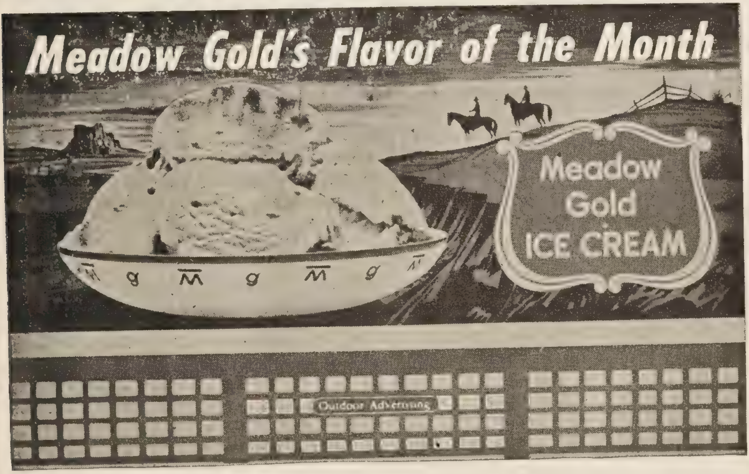

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Baltimore Metropolitan Pharmaceutical Association

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Chairman—AARON M. LIBOWITZ

Balance of 2 year term	For a 2 year term
JOSEPH H. MORTON	CHARLES A. NITSCH
JOHN F. NEUTZE	JOSEPH L. OKRASINSKI
JACOB L. RICHMAN	PHILIP RICHMAN
WILLIAM C. ROSSBERG	MEYER STOLER

Ex-Officio—FRANCIS S. BALASSONE

PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

One of the services to our membership which was very well received was the publication of a Directory of Medical Service Representatives. As you know from experience, it is extremely important at times to contact a detail man or drug salesman in order to obtain an unusual drug or for information as to a new product, strength, and so forth.

A revision of the B.M.P.A. Directory of Medical Service Representatives is now being completed under the Chairmanship of Charles A. Nitsch. We expect to issue this new edition of the directory in the near future. It will feature the name, address and telephone number of every representative we could locate in the greater Baltimore area.

This directory will be made available to dues-paid members only, so if you have not enrolled as yet, please do so at once.

At this time, for the benefit of increased knowledge in business management and merchandising, I urge all of you to attend the 3rd Annual Simon Solomon Pharmacy Economics Seminar on Thursday, November 12th, at Warren House-Blue Crest North. From experience I can tell you it is a day well spent in learning from experts who can help all of us in the business problems facing all of us in pharmacy today. This event, sponsored by the Maryland Pharmaceutical Association, with the cooperation of the N.A.R.D. and the Small Business Administration, deserves the support of all B.M.P.A. members.

Sincerely,

IRVING I. COHEN
President

Defense *Needle-pointed quills are the placid porcupine's impenetrable defense against tooth and claw. We can be just as bristling in defense of our "drugstores only" policy—your protection against predatory non-drug competition. Nothing has ever been able to change it. Not even a 30 million dollar lawsuit. YOUNGS RUBBER CORPORATION*

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Amendments To M.P.A. Constitution & By-Laws

The following amendments to the Constitution and By-Laws of the Maryland Pharmaceutical Association were adopted at the Annual Meeting of the Association:

2. OFFICERS AND EXECUTIVE COMMITTEE

Article IV

The Officers of this Association shall consist of a President, four Vice-Presidents, an Executive Secretary, a Treasurer, and an Executive Committee composed of representatives of five districts, comprising the State of Maryland. Originally, each district shall have representation based on two members on the Executive Committee for each of the five districts. After adoption of this Constitution, any of the five districts shall be entitled to one extra member of the Executive Committee on the basis of one member for every twenty-five dues paid members in the district. Representation shall not exceed *eight* members to the Executive Committee for any one district.

In addition, the Association may approve up to 2 members as recommended by the Executive Committee to serve as Executive Committeemen-at-Large.

District 1: Eastern Shore.

District 2: Central. To include the following counties: Anne Arundel, Baltimore, Harford, Howard, **and Baltimore City.**

District 3: Southern.

District 4: Northern.

District 5: Western.

3. FINANCIAL ADMINISTRATION

Article IX of By-Laws

Any member, whose dues shall be in arrears **as of the time of the Annual Meeting** shall, after due notification from the Treasurer, lose his rights as a member.

4. STANDING AND SPECIAL COMMITTEES

Article XII of By-Laws

A. Change Committee #3—"Trade Relations Committee" to **Pharmacy Economics Committee".**

B. Add Committee #21 — **"Simon Solomon Pharmacy Economics Seminar Committee".**

5. STUDENT'S AUXILIARY

Article XV of By-Laws

Change name to **"Student Branch".** Change references of "Students' Auxiliary" to **"Joint Student Branch of the American Pharmaceutical Association and Maryland Pharmaceutical Association".**

Change Section 2 (Membership) to "Students who are members of the third, fourth and fifth professional classes, respectively, of the University of Maryland School of Pharmacy.

The following amendment also proposed was tabled for clarification and presentation at a subsequent meeting:

1. RECIPROCAL MEMBERSHIP

Add to Article III (Types of Membership) as new Section 2.

The Association may enter into agreements with such local or specialized pharmaceutical organizations as approved by the Executive Committee for the establishment or reciprocal membership, whereby membership in the Association would be a prerequisite for membership in such other organization and likewise membership in the local or specialized organization would be required for membership in the Association."

The Succeeding section numbers to be renumbered from 3 to 7.

NEWS ITEMS . . . . . .

Simon Solomon Receives First Robins Award for Community Service

Simon Solomon of Baltimore was the first Maryland pharmacist selected to receive the A. H. Robins Award for Community Service.

Mr. Solomon, who has devoted several decades to the advancement of pharmacy, received the award at the Annual Convention. He has contributed his efforts to every facets of pharmacy—professional, educational, legislative and economic.

Fair Trade Expert

He is known as an expert on fair trade legislation and is serving as chairman of the Fair Trade Committee of the Maryland Pharmaceutical Association. "Mr. Fair Trade" was honored in 1962 by the establishment of the Simon Solomon Pharmacy Economics Seminar. The 3rd Seminar will be held on November 12, 1964 at the Warren House-Blue Crest North. Details are printed on page 708.

Kabernagel Gets New Post At WCAO

Edwin M. Kabernagel, Jr., past president of the Travelers Auxiliary of the Maryland Pharmaceutical Association, joined radio station WCAO-FM August 17, 1964 as Sales Manager.

A native Baltimorean, Ed was graduated from Forest Park High School and the Baltimore College of Commerce.

For the past four years he had been Sales Manager of another leading FM station in this area.

New A.C.A. Fellow

The American College of Apothecaries announced that thirty-four pharmacists were elected into Fellowship by the A.C.A. Board of Directors at its meeting in New York City, August 4, 1964. Among these was a Maryland Pharmaceutical Association member Reese E. Whitesell of Frederick, Maryland.

Block Given Top Award

JERRY BLOCK

Mr. Jerry Block, a Baltimore representative of E. R. Squibb & Sons, was presented the newly-established "Squibb-A.Ph.A. Award" at the August American Pharmaceutical Association Convention in New York City.

The award is one of the firm's highest honors and was given in recognition of Mr. Block's outstanding performance in his relations with pharmacists, hospitals and teaching institutions in his sales area.

The following Maryland pharmacists have been elected as officers and directors by the University of Maryland Alumni Club of Greater Baltimore: Sam A. Goldstein, 3rd Vice President; Morris L. Cooper and Hyman Davidov, Directors; and Dr. Frank J. Slama, Director at Large.

ONE OF THE HIGHEST AWARDS IN PHARMACY

THE APhA PUBLIC EDUCATION AWARDS

Each year, the American Pharmaceutical Association recognizes the individual pharmacist and organization whose public education programs are judged most effective in demonstrating the direct relationship between the pharmacist and better community health.

The awards consist of a cash prize of $500, a trophy, and an expense-paid trip to the Annual Meeting of the Association, where the presentation is made.

In announcing the winning entries, the judges stated: "The response to the 1963 Public Education Awards Competition was most encouraging. There was a 40% increase in participation over the previous year. The quality and excellence of the many entries made the judging extremely difficult and the winning entrants are to be highly complimented."

The APhA Public Education Awards Competition, sponsored annually by Pfizer Laboratories, recognizes the best individual and organizational efforts to tell pharmacy's story to the public.

A brochure outlining the rules for prospective entries in 1964 is available on request from: American Pharmaceutical Association, Division of Communications, 2215 Constitution Ave., N.W., Washington, D.C. 20037.

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J. Harris Fleming, Trade Relations Manager, Pfizer Laboratories; C. Albert Olson, Past-President, Utah Pharm. Assn.; Ward McCarty, Executive Secretary, Utah Pharm. Assn.; Robert J. Gillespie, President, Amer. Pharm. Assn.

Individual award:

SISTER MARY AQUINAS, Chief Pharmacist, Bethania Hospital, Wichita Falls, Texas.

Sister Mary Aquinas published a *Pharmacy Newsletter* to keep doctors, nurses and other hospital personnel informed about new drugs—their therapeutic uses, dosage, precautions, side effects and availability. An edition for hospital patients of the *Newsletter* was also issued. Thus, the important role of the pharmacist and the pharmacy was brought home to both medical and lay readers.

In Sister Mary Aquinas' own words: "The *Pharmacy Newsletter* made hospital personnel, patients, visitors and medical service representatives conscious of the active role the pharmacy department and pharmacist play in total patient care. The *Patient* edition of the *Newsletter* was so effective that several patients phoned to the pharmacy to express their interest, regard and appreciation for the man behind the scenes."

Organization award:

UTAH PHARMACEUTICAL ASSOCIATION

Credit for the development and leadership of the Utah "Communication in Depth" program went to C. Albert Olson. His objective: "to create a better understanding and appreciation in the public mind of the profession of pharmacy and the pharmacist as an important member of the community."

Implementation of the program included a statewide polio immunization project; a voluntary correspondence course; National Pharmacy Week participation; creation of a public relations brochure, *Pharmacy and Your Health;* and a broad public relations campaign involving career days, schools, science fairs, a pharmacists' speakers bureau, and the community pharmacy as a health information center.

Displays of the winning entrants will be shown at the 111th APhA Annual Meeting in New York City, August 2 to 7.

The panel of judges for the 1963 Public Education Awards competition was chaired by Robert G. Gibbs, chairman of APhA's Public Relations Committee and Executive Secretary of the Iowa Pharm. Assn. Serving with Gibbs on the judging committee were: William L. Blockstein, Assistant to the Dean, and Associate Professor of Pharmacy at Wayne State University; William Kloepfer, Jr., Director of Public Information, Pharm. Mfrs. Assn.; Thomas F. Robertson, Director of Public Relations, Eastman Kodak Company, and 1964 President of the Public Relations Society of America; and David R. Uran, President of The Ethical Drug Advertising Co. of Atlanta, Georgia.

Friedman Winner In National Competition

PTIONS
Coca-Cola
Harris
Prescription
Pharmacy
MONEY ORDERS

Milton A. Friedman, of Harris Pharmacy, Baltimore, has won second prize—a Volkswagen station wagon—in a national window display contest open to the more than 50,000 retail pharmacies in the United States.

Arthur Catalani (in light suit), sales manager of Breon Laboratories—manufacturers of Caroid and Bile Salts Tablets, which were featured in the prize-winning display—presents the car to Mr. Friedman in front of his store at Lombard and Poppleton Street.

Two Pharmacists Receive Certificates

Two Maryland pharmacists have received certificates signifying participation in a special speech training seminar at the annual meeting of the American Pharmaceutical Association in New York in August.

One-Day Seminar

The one-day seminar was conducted by the Speech Training Service of Smith, Kline & French Laboratories to help pharmacists do a more effective job of telling the profession's story to persons outside of pharmacy.

Speech Training

Participants from the Free State were Frank Block and Solomon Weiner of Baltimore. With 76 other pharmacist-orators they received instruction on the fundamentals of speech making, then formed small groups to practice reading a prepared speech, delivering an extemporaneous speech and handling a question and answer period.

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New Pharmaceutical Head At St. John's

Dr. John J. Sciarra, Professor of Pharmaceutical Chemistry at St. John's University, New York, has been named chairman of the Department of Pharmaceutical Sciences in the University's Graduate School of Arts and Sciences.

Dr. Sciarra, who has achieved an international reputation for his work in the development of aerosol products, will direct all graduate studies in the areas of pharmacy, pharmacology, hospital pharmacy and pharmaceutical chemistry.

He received his Ph.D. from the University of Maryland in 1957 and spoke at the 1964 Robert L. Swain Pharmacy Seminar on "Pharmaceutical Aspects of Aerosols".

Keeping Dirt Down

The "Kex Walk-Off Mat" from Eastern Overall Rental Company of Baltimore is chemically treated to remove dirt, grime and grit that adhere to shoes.

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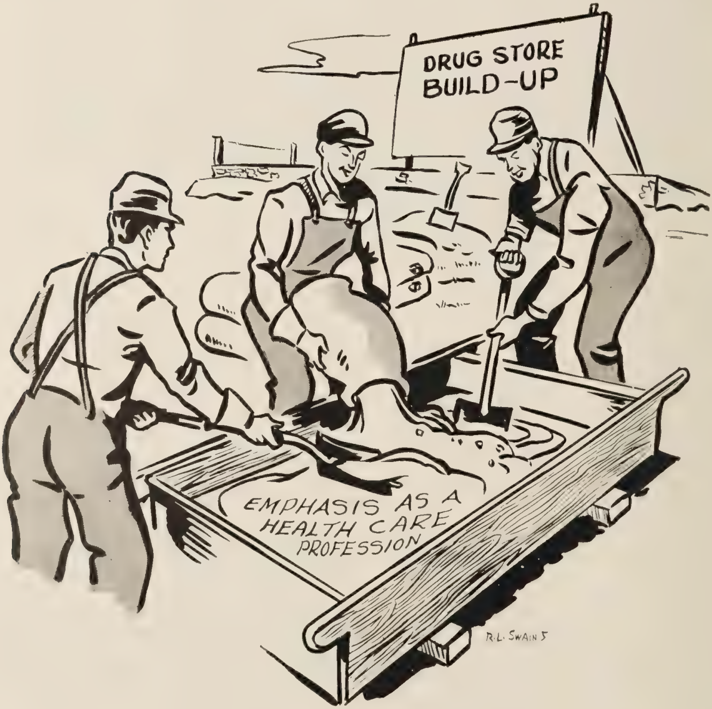
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Drug Research

A new antibiotic, capreomycin, appears to be as effective as streptomycin in treatment of tuberculosis, a Veterans Administration research team reported.

The drug currently is available only for research. It has not been released to physicians generally.

Dr. Luther B. Newman and Dr. William S. Schwartz of the Oteen, N.C., VA Hospital said the therapeutic effects apparently are equal to those of streptomycin in their series of 19 patients.

The number of cases is too small, however, for final conclusions, they emphasized.

Undesirable side effects of the new drug appear similiar to and as low as those of streptomycin, the doctors said, and development of resistance of TB microbes to the two drugs is about the same in previously untreated patients.

Dr. Newman and Dr. Schwartz also believe capreomycin will be a useful drug for treating patients whose TB has become resistant to streptomycin.

Their research included 11 patients taking streptomycin and eight taking capreomycin for six months. All also received another anti-TB drug, PAS.

OBITUARIES

ROY E. SNELL

Roy E. Snell, 51, Director of Professional Services for Peoples Drug Stores, Inc. since 1961, died August 15, 1964 of a heart attack while returning from a vacation in Wisconsin.

He served in the Navy during World War II and later toured the country as a musician.

He joined Peoples Drug Stores while attending the George Washington School of Pharmacy. After graduation in 1952, he became manager of a Peoples Drug Store in Arlington and later in Fredericksburg.

Mr. Snell was an active member of the Maryland Pharmaceutical Association.

He is survived by his widow, Nellie; a daughter Mrs. Roque Madrigal; and two sisters Gladys Schwinn and Mrs. Leslie Ruelle.

GUS A. CAVACOS

Gus A. Cavacos, 74, owner of a drug store on Roland Avenue, died August 3, 1964 following a brief illness.

A native of Greece, he opened a confectionary store in 1914, later established a drug store at the same location.

Surviving are his widow, Lula Clentzos Cavacos; two daughters, Mrs. Catherine Demos and Mrs. E. C. Zaharis; a brother Emmanuel Cavacos; and a nephew, Andrew T. Cavacos, a pharmacist and member of the Maryland Pharmaceutical Association.

LOUIS H. WITZKE

Louis H. Witzke, 52, owner of Morrison and Fifer Pharmacy at Ellerslie & 36th Streets, died August 21, 1964.

A native of Highlandtown, he received his Ph.G. degree from the University of Maryland School of Pharmacy in 1933.

He established his pharmacy at Linden Avenue and Dolphin Street in 1943, moving to the present location last October.

He was a member of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association.

Surviving him are his widow, Mary Evelyn (McGraw) Witzke, a sister Mrs. Elizabeth Thompson, and five brothers, Henry, Frederick, William, Albert, and Carl.

DANIEL DOLGIN

Daniel Dolgin, 54, a Washington pharmacist and owner of Dolgin's Pharmacy on Pennsylvania Avenue, N.W., died August 2, 1964.

Born in Baltimore, Mr. Dolgin graduated from the University of Maryland School of Pharmacy in 1933.

During World War II he served in the Pacific as a chief pharmacist's mate with the Navy.

Surviving him are his widow Bernice, a son, Steven, and a daughter, Paula.

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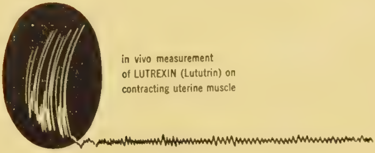

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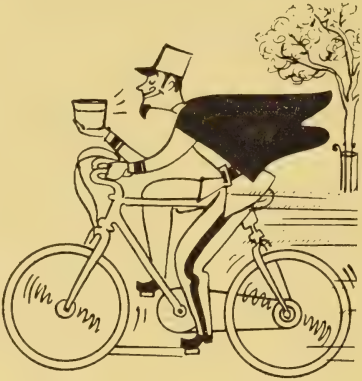

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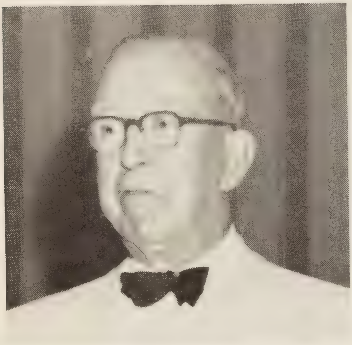

FRANK L. BLACK

1882 - 1964

(See Page 764)

VOLUME XXXIX - NO. 12

SEPTEMBER 1964

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXIX SEPTEMBER 1964 No. 12

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The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price $5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 3, 1879.

Editorial . . . . . .

Priorities For Pharmacy

The practice of pharmacy has undergone great changes in the last few years and is at present passing through revolutionary changes. The results portend a state of affairs in a few years far different from what we all have been accustomed to—unless we act **now.**

What are the major issues to which we in pharmacy and to which our Association must concentrate our attention upon? We suggest the following as some of the matters to which we must grant high priority:

1. What will be the nature of the establishments in which prescriptions will be available to the public?
2. Where and how will the public obtain its drugs?
3. What kind of educational and practical experience requirements are appropriate for 1964 and to meet reasonably anticipated requirements for the next two or three decades?
4. What actions can we take to assure that the solutions to our urgent problems will contribute to the enhancement of pharmacy within the requirements of continuing to serve as a vital component of proper health care?

One could write a treatise on the ramifications of these questions and one could suggest many possible replies and solutions.

We would like to comment briefly at this time on the first issue which we have raised. Perhaps our members will devote serious study to all those urgent matters and express their views to the Association so that we arrive at more definitive positions.

The habits and practices of the public are changing rapidly. Between 1958 and 1963 prescription growth for independent pharmacies has been 23.3% in contrast with 49.7% for chains. The average chain unit filled 18% more prescriptions in 1963 than did the independent. The rate of increase over 1962 for chains was about double the gain for independents. More and more supermarkets, discount and department stores are opening pharmacy departments.

Clinics, hospitals and nursing homes are assuming greater roles in providing prescription services.

Whether or not this situation develops in a direction which will be in the best interest of both pharmacy and the public will depend on a number of factors. Among the steps pharmacists can take to influence the trend of events are these:

1. Assure inviting, appealing pharmacies—inside and out—with pharmacists obviously performing as professionals in action, appearance and personalized service.
2. Reevaluate fee schedules and methods of arriving at fees.
3. Give attention to providing employee pharmacists with attractive career opportunities.
4. Refuse to be associated with organizations or individuals that degrade pharmacy, use a prescription department as a lure and exploit pharmacies merely to obtain "volume."
5. Support efforts to develop legislation and codes of ethical conduct to secure high professional standards, and control of pharmacies and the distribution of drugs by pharmacists.

We are seeing a proliferation of impersonal, assembly-line "pharmacies." Their ideal is the least possible number of different items in their prescription department inventory. Their idol is quick turnover. They make no attempt to be a pharmacy in the best sense—a place where almost any prescription can be filled promptly; where the pharmacist spares no time, effort or expense to

obtain a rarely prescribed drug; where a patient can expect personal contact with a pharmacist who cares and is interested in him.

This is a crucial challenge.

Your personal dedication and willingness to secure the affiliation of every pharmacist with both his local AND state pharmaceutical association will help create the strong organizational structure to meet these challenges.

AQUA, U.S.P.

A couple of Britons got into an argument about the causes of drunkenness and decided to do a little testing on themselves. The first night they drank whiskey and water and got drunk. The second night they drank gin and water and got plastered. The third night they drank brandy and water and got ossified. "We conclude," they soberly reported, "that since no matter what you mix it with you still get drunk, it is plain that water is a most pernicious and intoxicating beverage."

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President's Message ......

Dear Fellow Member:

As all of you know, the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association maintain their headquarters in the same office in the Kelly Memorial Building. Both have the same secretary, the same office personnel and use the same equipment.

Through the years many members, knowing that the majority are members of both organizations, have urged a joint billing of dues. At last, after considerable discussion, the executive committees of the Maryland Pharamceutical Association and the Baltimore Metropolitan Pharmaceutical Association have agreed to a joint dues billing for 1965. The payment of both dues at one time is optional.

Membership in both groups is voluntary, but it is our hope that those pharmacists who at present pay dues in only one Association will consider membership in both groups.

With a shared office and personnel, it is unfair for some members to place the full financial burden on those who support both associations.

Of course, those who wish to pay just one Association dues at the time of receipt of the new joint bill and pay the other Association dues later on may do so.

By every pharmacist affiliating with both his **local and state** pharmaceutical association, we will get the finances and numerical strength to better carry out our programs. Our members rightfully want certain actions and services, but these take money.

This joint dues billing applies only to those who reside in Anne Arundel, Baltimore, Carroll, Harford and Howard Counties and Baltimore City. If you are a pharmacist living in one of these counties, you can demonstrate your commitment to your profession by returning your payment for dues in both associations. The results will be (1) a stronger **state** and a stronger **local** association and (2) savings in time, money and effort in our office operations.

The Maryland Pharmaceutical Association Executive Committee's action also authorizes a joint billing arrangement with the other local groups if they desire.

Your cooperation in this new procedure will be greatly appreciated.

Sincerely,
SOLOMON WEINER
President

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Secretary's Script . . .

A Message from the Executive Secretary

We have contacted the major manufacturers who only list prices in the Red and Blue Books based on direct purchase. We have urged them to print the average price when purchased from a local wholesaler.

Wyeth is joining Squibb in publishing the prices from local wholesalers. So far Upjohn and Merck Sharp & Dohme are planning to continue their policies of printing direct purchase prices.

We intend to continue our efforts to get manufacturers to revise policies that have placed many pharmacists in a disadvantageous position, particularly in connection with medical care programs.

Recently we obtained a conference with the Director of Internal Revenue, Irving Machiz, and his staff regarding a new detailed questionnaire required of pharmacists in filing federal excise tax returns.

As a result, the Internal Revenue Service has modified its demands and offered more reasonable alternatives. If any member has any questions, contact the office for further information.

We have also been in contact with manufacturers who are promoting some kind of prescription system to physicians to replace traditional sampling methods. Our objective is to assure that manufacturers adopt policies that recognize the professional nature of the pharmacist's services and that pharmacists are equitably compensated for their professional functions, responsibilities, liabilities and investments.

Joint Dues Billing. President Weiner in his message in this issue explains the reasons for the adoption, after years of discussion, of a joint dues bill for the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association. Membership in both groups is voluntary and payment of dues at one time for the many who belong to both will continue to be voluntary.

We hope the obvious benefits in a strengthened M.P.A. and B.M.P.A., as well as the savings and increased efficiency, will encourage even more pharmacists to become a part of our goal: **every pharmacist a member of his state and local professional pharmaceutical association.**

Your letters, comments and suggestions are welcome. In order for the Association to be of maximum usefulness, we must have your opinions. Feel free to communicate with your Association office. I would appreciate hearing from you. Letters of general interest will be published. Remember only **signed** letters can be acknowledged and can be effective in advancing your viewpoint.

Cordially,

Nathan I Gruz

Executive Secretary

NEW ANTIBACTERIAL EFFECTIVE IN TREATING PROTEUS INFECTIONS

Good results have been obtained in the treatment of chronic and acute urinary tract infections with Neg Gram (nalidixic acid), a new antibacterial which proved "very effective against many of the **proteus** species," a noted urologist states in **Southern Medical Journal** (57:920, 1964).

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Drug Store Changes

The following are changes in pharmacies which occurred during the month of September, 1964:

New Pharmacies

Brockbridge Pharmacy Corporation, Frederick D. Butt, President, Brockbridge Road, Laurel, Maryland.

Leader Drugs, Milton L. Hillman, President, 1010 Joppa Farm Road, Joppatowne, Maryland.

Potomac Valley Pharmacy, Inc., Robert J. Martin, President, Corner McMillen Highway and Howard Street, Cresaptown, Maryland.

No Longer Operating As Pharmacies

Sterling Pharmacy, Alonzo L. Sterling, Prop. (Deceased), 237 E. High Street, Chestertown, Maryland.

Portney's Pharmacy, Samuel Portney, Proprietor, 551 N. Fulton Avenue, Baltimore, Maryland 21223.

Braden's Professional Pharmacy, A. Wayne Braden, Proprietor, 920 Ellsworth Drive, Silver Spring, Maryland.

Change Of Address Or Ownership

Owings Mills Pharmacy, Karl G. Wagner, President, 11000 Reisterstown Road, Owings Mills, Maryland. Formerly: Burton L. Katz, President.

Putty Hill Drugs, Inc., Louis Blitz, President, 8608 Harford Road, Baltimore, Maryland 21234. Formerly located at 8713 Harford Road - changed to a corporation.

Fallstaff Drug Inc., Irvin S. Barshack & Barbara Barshack, Proprietors, 6852 Reisterstown Road, Baltimore, Maryland 21215. (Formerly Fallstaff Rexall Drugs changed to a corporation).

Proudfoot's Oakland Pharmacy, 106 S. Second Street, Oakland, Maryland. (Changed from partnership to a corporation.)

Boyd & Fulford, M. Eugene Streett, President, 21-23 South Main Street, Bel Air, Maryland. Formerly: Edward C. Maisenhalder, President.

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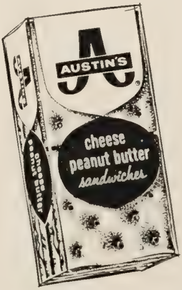

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School of Pharmacy, U. of M., News ......

School of Pharmacy Orientation Program

At the Orientation Program on September 14th for students entering the professional program at the University of Maryland School of Pharmacy, Nathan I. Gruz, Executive Secretary, represented the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association.

These third year students were welcomed to the profession of pharmacy by Secretary Gruz, who explained the functions and services of the state and local associations.

The characteristics distinguishing a profession from a trade were reviewed, with emphasis on the role of participation by members of a profession in voluntary professional organizations.

The students were congratulated on the 100% membership in the new Joint Student Chapter of the American Pharmaceutical Association and M.P.A. They were invited to call upon the services of the M.P.A. and B.M.P.A. for any assistance that could be provided.

The road to success for most pharmacists, Mr. Gruz pointed out, almost invariably included active participation and support of their professional pharmaceutical organizations.

The chairman of the Orientation Program was Dr. Benjamin F. Allen, Class Advisor for the third year class. Students were welcomed to the School of Pharmacy by Dean Noel E. Foss.

Guest speakers included Mr. Francis S. Balassone, Chief, Division of Drug Control and Secretary of the Maryland Board of Pharmacy, and Dr. Robert J. Kokoski, President, Alumni Association, School of Pharmacy.

After faculty members were introduced, the following student leaders spoke: Mr. Michael Walsh, President of Student Government Alliance and President of Rho Chi Honorary Pharmaceutical Society, and Mr. William Edmondson, President of Student Chapter, American Pharmaceutical and Maryland Pharmaceutical Association.

Dr. Allen presented general information and academic regulations, following which the students were conducted on a tour of the University buildings by Messrs. Lawrence Block, William Edmondson and Michael Walsh.

Costello Attends Rome Conference

Dr. Leslie C. Costello, associate professor and head of the department of anatomy and physiology at the University of Maryland School of Pharmacy, attended the First International Congress of Parasitology in Rome, Italy, September 21-26, at which he had been invited to present the results of his research.

His paper, "Changes in Catalase Activity During Embryonation of Ascaris Eggs and Their Relationship to Respiration and Cytochrome Activity", reported studies supported by a research grant from the National Science Foundation.

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—1963 pamphlet, U.S. Food and Drug Administration

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Professional Licensing Legislation

By Nathan I. Gruz
Executive Secretary
Maryland Pharmaceutical Assn.

Presented to the Potomac Pharmaceutical Association, Arlington, Virginia, March 10, 1964

I have been asked to speak on the subject of "Pharmacy Ownership Laws," but believe the term "Professional Licensing Legislation" is preferable.

This different nomenclature is important because what I am going to suggest is that the issue is not the ownership of property. There is the matter of the qualifications of those eligible to be granted a license to operate an establishment where the practice of pharmacy is conducted. There is involved the fact that the person (or in the case of a corporation, the responsible officer or manager) who "owns," or holds the pharmacy permit, exercises control over the pharmacist who may be operating the pharmacy or the prescription department, or practicing pharmacy therein.

I will attempt to review some of the pertinent history of this problem. We must squarely face the experience of legislation in this field in the past and appraise current legislation and legislative proposals in a forthright manner.

Begin Restrictive Legislation

For many years pharmacists throughout the country have clamored for legislation which would limit the ownership of pharmacies to pharmacists. In March 1963 the governor of North Dakota approved legislation restricting ownership to pharmacists. While pharmacists have desired to restrict encroachment of the practice of pharmacy by non-pharmacist owners, and legislation has been enacted in several states to this end. it appears that this legislation has not been able to withstand judicial attack as being constitutional.

In 1928 the Supreme Court of the United States, in **Liggett Company v. Baldridge** (278 U.S. 105, 73 L. Ed. 204), struck a seemingly lethal blow to this concept. The Pennsylvania Legislature had enacted a law providing that every pharmacy should be owned only by a licensed pharmacist and that corporations owning stores at the time of the passage of the act could continue to do so but were not allowed to establish new stores unless all stockholders were pharmacists.

The Liggett Company owned and operated a number of pharmacies, but being a public company not all of its share holders were pharmacists. The company, after the law became effective, attempted to open two additional stores. The State Board of Pharmacy refused to grant a permit for such stores and suit was brought to enjoin the state officials from enforcing the law. The The trial court upheld the validity of the statute but the Supreme Court of Pennsylvania declared the statute to be invalid.

Supreme Court Decision

The Supreme Court of the United States agreed to hear the case and in a 7 to 2 decision declared that the mere stock ownership in a corporation owning and operating a drug store can have no real or substantial relation to the public health. Therefore, the act in question created an unreasonable and unnecessary restriction upon private business. The majority of the court further found no evidence that non-pharmacist ownership was a detriment to the public health.

In 1933, the Court of Appeals of the State of New York was presented with a similar question in **Pratter v. Lascoff** (261 New York 509) and held that a statute restricting ownership of pharmacies to licensed pharmacists was unconstitutional and void in that it con-

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travened the 14th Amendment of the Constitution.

Likewise, in 1934 in the Delaware case of **State v. Peoples Drug Stores** (172A 257) a statute which required every pharmacy to be owned by a licensed pharmacist was stricken down as unconstitutional.

Notwithstanding these judicial determinations, subsequent efforts have been made and are continuing to be made to restrict the ownership of pharmacies, and as I have previously stated, North Dakota has enacted legislation to this end.

Florida Court Action

In a recent endeavor the Florida Supreme Court was presented with a similar problem when it was called upon to determine whether a statute requiring a retail drug establishment to be under the constant and immediate supervision of a licensed pharmacist was valid. In **State v. Leone** (So. 2d 781) the Florida High Court held as follows:

> "In the case before us we can understand that it would be more convenient, and it would be easier, to insure that all controlled drugs and medical supplies are prepared and dispensed only by licensed pharmacists by requiring that all drug stores be supervised by licensed pharmacists. But we do not find such a reasonable relation between the whole operation of a drug store and the public purpose sought to be attained as to justify the requiremnt imposed. Nor does it appear that the other operations of a modern drug store are so interrelated and entwined with that part of its business which relates to the preparation and sale of controlled drugs and medical supplies as to make it necessary to impose the requirement of supervision by a licensed pharmacist in order to obtain reasonably successful enforcement of the prime purpose of that portion of Chapter 465 involved in this case.
>
> . . . The other articles sold by such a store have so little relation to public health that their sale is not controlled by laws or regulations requiring supervision of a pharmacist if sold in a grocery store, ten-cent store or other retail establishment. To require that such operations be supervised by a licensed pharmacist merely because done in a storeroom which also prepares and sells controlled drugs, does discriminate against the owners and operators of such establishments without valid reason, therefore and we cannot sustain the statute which requires it."

Change In Philosophy

There are some attorneys who have studied this matter closely who believe that since the Liggett-Baldridge case the Supreme Court of the United States has not only undergone a change of personnel, but a change in philosophy.

This view is held by Herman S. Waller and Sidney Waller, counsel for the N.A.R.D., and by Emil Greenberg and Ira L. Sharenow, counsel for the Pharmaceutical Society of the State of New York. This is the viewpoint that the decisions of the Supreme Court beginning in the 1930's indicate that if a "pharmacy ownership law" would be passed by a state legislature today, it would be upheld by the highest court.

In addition, it is important to read the dissenting opinion in the Liggett-Baldridge case, written by Justice Oliver Wendell Holmes. The statement on behalf of Justice Holmes and Justice Brandeis was:

> "A standing criticism of the use of corporations in business is that it causes such business to be owned by people who know nothing about it. Argument has not been supposed to be necessary in order to show that the divorce between the power of control and knowledge is an evil. The selling of drugs and poisons calls for knowledge in a high degree, and Pennsylvania, after enacting a series of other safeguards, has provided that in that matter the divorce shall not

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> be allowed. . . . (Obviously, he a pharmacist-owner) would be more likely to observe the business with an intelligent eye than a casual investor who looked only to the standing of the stock in the market. The Constitution does not make it a condition of preventive legislation that it should work a perfect cure. It is enough if the questioned act has a manifest tendency to cure or at least to make the evil less.
>
> . . . The police power as that term has been defined and explained clearly extends to a law like this."

Now let us review some other statements which are necessary for an understanding. The Committee on Legislation of the American Pharmaceutical Association reported in March 1962:

> "There has been inadequate exploration of other approaches to effectively assure professional guidance and determination of pharmacy practices and policies by pharmacists. . . . The pharmacy or drug store was never intended to be a mere device for developing customer traffic for a business enterprise. A pharmacy or drug store was intended to be more than just a prescription laboratory within a jungle of commercial departments. The very terms "pharmacy" and "drug store" were intended to identify a particular type of establishment—a unique entity within which a health profession is practiced—an operation which should be wholly under the personal supervision and management of a registered pharmacist. Under most present laws which permit purely commercial interests to wholly own pharmacies, the policies, practices and conduct of pharmacies are frequently unduly influenced by such commercial interests. The fact is there are too many instances where even managerial responsibilities for pharmacies, regardless of ownership, do not reside with pharmacists! Moreover, even where pharmacists-managers are required, the laws are weak.
>
> Such nominal pharmacist-managers are frequently exposed to unreasonable pressures from non-pharmacist owners. The basic truth is the person who holds the purse strings is the person who controls policy. Unfortunately in pharmacy, such persons are too often commercialists."

The Legislative Approaches

There are three legislative approaches that may be used to secure this objective of effectively assuring "professional guidance in determination of pharmacy practices and policies." Leonard P. Mellon, of the Florida Attorney-General's office, has outlined these as follows:

> "This first means most often advanced is to limit the ownership and operation of drug stores and pharmacies to licensed pharmacists. The second is to provide for professional control of a pharmacy by requiring that pharmacists own a substantial financial interest in the pharmacy and, in the case of corporate ownership, that a given number of the corporate officers be licensed pharmacists. The third method—and one which seems to be most in use in the various states—is to require that a pharmacy or drug store be under the direct and immediate supervision of a registered pharmacist."

The Florida case that was cited to you earlier indicates that the third approach, which is in force in most states, is not only inadequate, but has been struck down in at least one state.

The second approach has been covered in the past by the Liggett decision. We will have to wait to see if the North Dakota law will be challenged or if this approach can be successful in the legislatures of populous states with large metropolitan areas and many multi-unit corporate pharmacy enterprises.

The first approach—the restriction of ownership and operation to licensed

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pharmacists—is the one which is suggested by the New York and N.A.R.D. attorneys and by the New Jersey Pharmaceutical Association.

Definition of Pharmacy

In 1960, the New Jersey Pharmaceutical Association unsuccessfully proposed legislation restricting ownership to pharmacists and defining a pharmacy as "restricted to the sale of drugs, medicines, health aids and devices directly connected with health care as herinafter defined.'

This revolutionary New Jersey proposal would have corrected the failure in the past to convince the courts that Pharmacy is, in fact, a profession and not a mere commercial enterprise which contains some aspects of a profession.

In 1963, and now again in 1964, the New Jersey proposal aiming at professional licensing has revised this radical definition of a pharmacy. The current proposal requires a pharmacy to devote at least 20% of its total space to a professoinal service area, with 10% of the total area devoted to the prescription department, which must contain at least 150 square feet.

After I began preparing this talk, I learned that the "Pharmacy Ownership Act," sponsored by the New York State Pharmaceutical Association, passed the State Senate by a vote of 47 to 9 on March 3rd. As of yesterday, it was awaiting action in a committee of the State assembly.*

License Necessary

The New York bill provides that a certificate to operate a pharmacy will be granted only if the establishment is owned by an individual proprietor or partnership, all of whom are licensed pharmacists.

In the case of a coporation having three or more directors, a majority of the directors and at least one officer shall be a pharmacist. In corporations having two or less directors, one director and at least one officer shall be a pharmacist.

We are all carefully watching the course of both the New York and New Jersey legislative programs.

I feel there are valid arguments based on the public health interest. An example is the case of a Maryland pharmacist, while working for a corporation, who has submitted testimony to the Board of Pharmacy of interference in professional practice by managers, who are not pharmacists.

One can also cite the demoralization of the profession affecting the flow of high calibre students into the study of Pharmacy. Students are apprehensive about the prospect that after five rigorous years of study in addition to internship, they will only have to look forward to practice under conditions where control of pharmacies is in the hands of non-professionals.

It is clearly in the public interest and welfare that the flow of professionally motivated, rather than commercially motivated, pharmacists be maintained.

Freedom from Commercialism

Certainly the profession of Pharmacy wishes to be free from the taint of commercialism. The control of pharmacies by non-professionals produces that taint by allowing those interested only in profit to control professional establishments.

In conclusion, we must note that many who have studied this problem believe that pharmacy ownership or professional licensing legislation can be assured only if a pharmacy is so defined as to be primarily limited to professional practice and health-related goods and services.

They are convinced that under such a requirement, Pharmacy would then be recognized as a profession and receive the same treatment as other professions which ban corporate practice or control by non-professionals.

---

*This bill was passed by the New York State Assembly by a vote of 133 to 12. It was vetoed by Governor Nelson A. Rockefeller on April 18th.

The proposal in New York, if enacted and upheld, would open a new era for Pharmacy as a profession. We will have to wait and see.

As the study of the history of every profession demonstrates, it is the members themselves of the particular vocation who have the ultimate power to decide the fate of their calling as long as the prerequisites of the public interest are met.

If enough pharmacists want a true profession badly enough, they will make the necessary changes in their practice. When enough pharmacists are prepared for at least temporary sacrifices, they will work through their pharmaceutical associations to secure their objectives. They will join and support their local, state and national professional organizations. Thus they will create the unified organizational structures that can be most effective in realizing their goals.

There is no other way.

Ethics and Law — A Joint Responsibility

CONGRESS ON MEDICINE AND PHARMACY

March 12 - 13, 1964

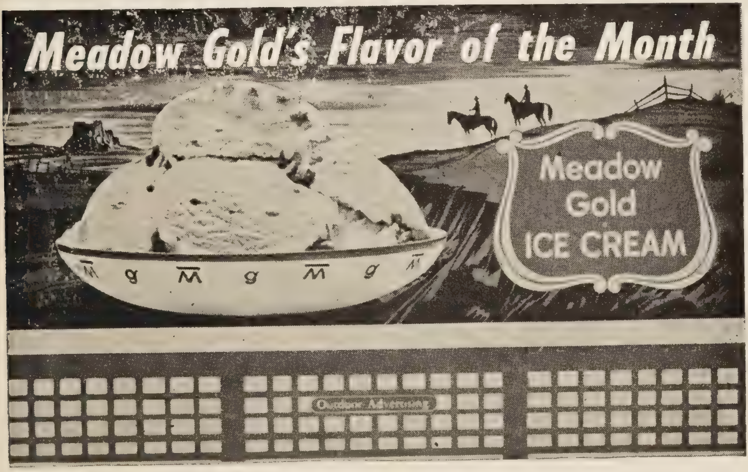
Continental Hotel, Chicago, Illinois

Raymond J. Dauphinais, R.Ph., LL.M.

Director A.Ph.A. Legal Division

Undoubtedly, the most generally known legal maxim is "Ignorance of the law is no excuse." To hold otherwise would result in ignorance being our most frequently pleaded defense.

This maxim unfortunately suggests that law is characterized by definitiveness and clarity. After reading some of the cases resulting in split decisions, dissenting opinions, or conflicting opinions from various jurisdictions, one may wonder whether definitiveness and clarity are present attainments or mainly goals.



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My panel colleagues and I already know that 50% of this audience is suspicious of a lawyer whenever he gives you either a simple 'yes' or 'no' for an answer. We also know the other 50% is suspicious when he doesn't.

Now, every profession's methods, efforts, and motives are frequently misunderstood, unappreciated, or even doubted. The professions of medicine and pharmacy are no exceptions.

Let us in the next few minutes, then, consider how ethics and law operate in medicine and pharmacy and where clarification may be necessary.

There are two basic mechanisms by which the practice of any profession can be regulated. One is through law and the other is through ethics. The single purpose common to both law and ethics is to effect public service or public good through that profession. Regulating a profession through law usually involves legislative or judicial control of vocational activities. On the other hand, regulation through ethics usually involves a voluntary or personal control.

Solutions are sought whenever society is confronted with any problem involving its interest, needs, rights, or the services it expects. In seeking solutions to such problems, default or failure in resolving problems through available voluntary mechanisms almost always results in proposals to resolve such matters through the mechanism of law.

Through their respective societies, practitioners of professions have the opportunity to establish and police their own vocational standards for professional practice. Failure on the part of any profession to voluntarily effect appropriate vocational standards for professional practice, invites outside vocational control or law.

For example, the pharmacist considers it inimical to public welfare to have any clandestine arrangement with any practitioner of the health sciences by which fees are divided or in which secret or coded prescription orders are involved. At the same time, traditional interpretation of medical ethics has been that the doctor may receive no profit whatever from his patient, other than payment for rendered medical services. Hence, no rebate of any kind, in any form, or from any source can be accepted by a doctor. Such opinions are in furtherance of the belief that only professional service and not exploitation of the sick should be the function of the healing professions.

There is general recognition that the use of secret or coded prescription orders is a coercive method of referring patients to a particular pharmacist. Such referrals lend themselves to criticism and may bring discredit to particular practitioners and to their professions.

In 1959 the A.M.A. House of Delegates adopted the following statement on "free choice":

> "Lest there be any misunderstanding, we state unequivocably that the American Medical Association firmly subscribes to freedom of choice to physician and free competition among physicians as being prerequisite to optimal medical care. The benefits of any system which provides medical care must be judged on the degree to which it allows or abridges such freedom of choice and such competition."

Presumably, freedom to choose among practitioners of a profession is the right of every individual and one which he should be free to exercise as he chooses. If this is so, the principle of "free choice" should apply whether the practitioner referred to is a physician or a pharmacist.

Apparently, public concern on this point prompted enactment of the 1963 Maryland pharmacy permit law which requires that

> ". . . said pharmacy shall not offer professional services under terms and conditions which tend to inter-

Security *Great wings, great courage and marvelous eyes keep the eagle secure against his enemies. A single, unrelenting policy gives the pharmacist security against non-drug competition, security in his livelihood. "Drugstores only" it is now and "drugstores only" it shall be.*

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> fere with or impair the free and complete exercise of professional judgement, skill, or enter into any agreement which denies the patient the right of free choice of pharmacists; . . ."

Secret or coded prescription orders, fee splitting, and clandestine arrangements between physicians and pharmacists are unethical "business relationships" which have largely been a matter of concern to the professions. The extent to which these matters may be projected further into law as a result of public interest or distrust remains a matter of speculation.

The police power of a state permits enactment of all legislation necessary for the protection of public health, safety, and welfare. It is pursuant to the state police power, and in furtherance of public good, that every state has enacted a professional practice act in both medicine and pharmacy.

Presently, there is no Federal law authorizing a person to practice a profession within a state. There is, however, a degree of Federal regulation in some matters of professional practice.

One notable but not always obvious area in which Federal controls are asserted involves the medication physicians prescribe and which pharmacists dispense for patients.

If medication prescribed by a physician and dispensed by a pharmacist pursuant to the physician's order is viewed merely as an article to be taxed, or a product involving trade or commerce, then every facet, condition, or circumstance of use is within bounds of Federal regulatory jurisdiction. Moreover, through such Federal jurisdiction over prescribed medications, the Federal Government would have a basis to register or license any person, including both physician and pharmacist, who deals in, dispenses, administers, or gives away such medication.

Under controls of the Federal Narcotic Drug Act and, to a very much greater and growing degree, under the Federal Food, Drug, and Cosmetic Act, the prescribing and dispensing of prescription medication is already affected by Federal regulation.

The use of drugs in treating patients under medical care is inseparable from the practice of medicine by physicians, or the practice of pharmacy by pharmacists.

Physicians and pharmacists should emphasize that a patient who is placed on prescribed medication is *not* being given just another commodity. The patient is the recipient of professional services in both medicine and pharmacy.

Each order for prescrption medication is as unique as the patient for whom it is intended. The very nature of the multitude of professional considerations involved, make both prescribing and dispensing unique personal services.

Prescription medication is prescribed by a physician for a *particular* use in in a *particular* quantity, for a *particular* patient. It is for a *particular* condition, for a *particular* period of time, and for use according to *particular* instructions. Such medication is only dispensed by a pharmacist pursuant to a *particular* order of a *particular* physician.

Although there are legal and professional responsibilities for the proper prescribing of medication placed upon physicians, wholly independent but corresponding liabilites rest with the pharmacist who prepares or dispenses prescribed medication.

Consequently, to insure the patients' health and safety, as well as to protect themselves against various legal liabilities, there must be complete understanding between physician and pharmacist by way of the prescription order. To this end, the medical and pharmaceutical professions have developed a form of communication involving combinations and permutations of Latin, signs, symbols, and abbreviations.

One of these abbreviations—PRN—appears to have created so much concern that some persons have questioned the validity of its use.

Apart from (1) those narcotic drugs which under Federal or State narcotic acts require a new prescription order for each dispensing or, possibly, (2) special State acts specifically enumerating dispensing procedures for stated drugs, there is no prohibition against the use of PRN by medical practitioners and pharmacists.

Properly employed, the renewal authorization PRN is useful. However, neither physician nor pharmacist should employ it as an unqualified directive to renew prescription orders.

As a properly employed professional term, PRN is used to designate the renewing of a prescription order in a manner consistent with care and reasonable professional judgement.

The Federal Food, Drug, and Cosmetic Act neither prescribes nor proscribes use of the term PRN. However, as an aspect of its drug-control program, the Federal Food and Drug Administration recognizes a physician's PRN renewal authorization as a matter wherein the pharmacist must employ his professional judgement in handling the prescription order. The pharmacist does so by reviewing the medication content with the directions for use, and checking personally with the physician after a reasonable period of time to ascertain if the medication is to be continued.

Understandably, prescription drugs require control and the rationale behind most Federal endeavors to effect a degree of control through law is acknowledged. Controls fostering standards of drug purity, strength, and identity are appreciated as an appropriate Federal regulatory concern for articles in commerce.

But,—and I repeat, but when a drug as an article of recognized standards is moved into the area of application and use—where it becomes a drug or therapeutic agent in fact as opposed

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to a mere article in commerce—this is something else again. When a drug intended solely for use by a physician or a pharmacist in the practice of his profession is properly used, concepts of professional practice rather than commerce should prevail.

Through its power to tax and to regulate commerce, the Federal Government has developed active control programs involving drugs. Only professional vigilance and responsible conduct can prevent Federal authority from projecting itself into additional areas of control.

Efforts of the Federal Government to regulate in areas concerning drug integrity and reliability have the support of physicians and pharmacists. Beyond that point, Federal regulation becomes a usurpation of authority. The procedures, judgements, and activities of practitioners of the professions should not be subjected to Federal control by way of the drugs they use.

In their simpliest definitions,—*prescribing* includes the *ordering* of one or more doses of medication in a suitable container with appropriate labeling for subsequent administration to or use by a patient; *dispensing* includes the *issuing* of one or more doses of medication in a suitable container with appropriate labeling for subsequent administration to, or use by a patient.

The prescribing and dispensing of drugs exist as a part of the respective professional activities of physicians and pharmacists. These activities are established under State law.

Under Federal law drugs are broadly classified into drugs requiring a prescription order and drugs for public sale.

The decision to employ a drug in treatment of the patient is a medical determination to be made by the physician. Nevertheless, Federal laws require that a physician prescribe prescription drugs for a patient in the course of "professional practice only" and for "legitimate medical uses" and "legitimate medical purposes." Are such determinations to be made by the physician and his colleagues as a matter involving professional practice and ethics, or are the determinations to be made by the Governmental agency as a matter of law?

The determinations referred to lend themselves to professional concern and professional control. However, such determinations presently appear to reside less in the area of professional practice and more in the area of law.

There is precedent for asserting that a prescription order *not* issued in the course of "professional practice" and *not* for "legitimate medical uses" or "legitimate medical purposes" is *not* a prescription order within the mean and intent of law.

Pharmacists are affected as much as physicians by the legal and ethical concepts involved. This arises from the fact that although the physician carries the responsibility for proper prescribing, a corresponding liability rests with the pharmacist who dispenses medication pursuant to the prescription order.

In an equally important area for your consideration, it is unfortunate that the cost of medical care and medication cost in particular have so frequently been employed by persons to advance personal, political, or private interests. For example, take the commercial promotion or merchandizing of prescription-legend drugs to the public.

Advertising or promoting prescription drugs to the public consists of making representations to the public by any means for the purpose of inducing, directly or indirectly, acquisition of prescription drugs.

Amphetamines, barbiturates, tranquilizers, vasodialators, corticosteriods, and other classes of prescription drugs are touted directly to the public. These drugs which law requires to be dispensed only upon the prescription order of a licensed medical practitioner are

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not proper objects for public advertising or promotion!

The use of prescription medication must be sane, sensible, and supervised—not pushed through public promotion.

Control is necessary, and in furtherance of sane, sensible, and supervised drug use, a physician limits the quantity of prescribed medication which a patient has in his possession at any given time.

A physician customarily accomplishes this necessary control by indicating on the prescription order directed to the pharmacist, the number of times the prescription order may be renewed, if at all.

Responsible pharmaceutical practice and ethics direct the pharmacist to dispense only that quantity of medication which is originally authorized by the prescriber for any one time. Renewals, where authorized, are to be dispensed according to the patient's needs as professionally verified by the pharmacist by reference to the prescription order which contains the expressed directions of the prescriber.

Assume that a physician writes a prescription order for 14 tablets of a prescription-legend drug. The directions are "Take one tablet twice daily." The prescriber indicates that the prescription order may be renewed twice. Technically, the total prescription order calls for 42 tablets of the drug. The physician has thereby indicated that the patient is not to have in his possession during treatment more than that quantity of the drug which would serve the patient's needs for approximately one week. Possession of the total quantity of 42 tablets of the drug in just one week, because of a single dispensing, could, among other things, encourage increased use or delayed recognition of adverse drug reactions through prolonged patient absence from either the pharmacist or the physician who are alert to such possibilities.

Unless there are extenuating circumstances, a pharmacist should not renew a prescription order when his prescription records indicate that the patient already possesses an adequate supply of medication.

A layman cannot buy nor may a pharmacist or any other person merely sell prescription drugs. Both Federal and State law prohibit such public sale of prescription drugs. Basically, this is because neither the public, a patient, nor a pharmacist may independently determine who requires what quantity, dosage, and strength of which one of the many potent prescription drugs that are available to medical science today.

Thus, the advertising or promotion of prescription drugs to the public, which drugs a layman cannot freely purchase, is not only false and misleading, but also a disservice to public health and safety.

Advertisements or promotions of prescription drugs to the public encourage patients to importune physicians and pharmacists for larger quantities of drugs than professional consideration dictates. Under such circumstances, the quantity of medication may not be considered in relation to the possible unauthorized diversion, or facilitating prompt identification of either excessive use or adverse drug reaction.

In conclusion, I would express one hope. It is that medicine and pharmacy will work more closely with each other in attempting to achieve greater public understanding and appreciation for the professional efforts responsibilities, and rights of physicians and pharmacists.

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FRANK L. BLACK

Dr. Frank L. Black, Baltimore pharmacist who gave sixty years to the elevation of his profession, died Thursday, September 10, 1964, at the age of 82 at his summer home at Willoughby Beach, near Edgewood, Maryland. He was born in Baltimore on September 7, 1882.

After graduating from the City College, he earned his Doctor of Pharmacy degree at the Maryland College of Pharmacy in 1904, and became a registered pharmacist shortly thereafter.

His only job had been with the firm of Hynson, Westcott & Dunning, Inc. He entered their employ May 28, 1898 as a general utility boy.

He advanced to general manager of the retail department, which he held for more than 35 years. He was vice president of the firm when he went into semi-retirement several years ago.

Devoted to Profession

His entire life had been devoted to the advancement of the profession of pharmacy.

As Dr. H. A. B. Dunning, one of the outstanding figures in the world of pharmacy, said of Dr. Black at a 1955 alumni banquet, at which the Honored Alumnus Award was bestowed upon him, "there has not been in pharmacy a better exponent of the best public relations than Frank Black. He is probably better known and perhaps better liked by the members of his own profession than any other pharmacist within the state of Maryland and is highly regarded by them."

"From the time of Osler down to now, Frank has contacted and served most of the distinguished members of the medical profession—John Hopkins Medical School and the University of Maryland in particular, most of the dentists, nurses, and representatives of other health activities and, of course, members of other professions and the public in general. He acquired the respect and good will of all of those whom he served."

Held High Offices

Through his own ambition and the close friendships with the pharmacists of Baltimore and the state of Maryland, he occupied many of the high positions in the various pharmaceutical associations.

A member of the Maryland Pharmaceutical Association for more than 40 years, he served as its president in 1943-44; Treasurer of the Baltimore Retail Druggists Association; President of the Alumni Association, University of Maryland; President of the Baltimore Alumni Association of the University of Maryland; and had served on numerous committees in each of the organizations. He was also a member of the American Pharmaceutical Association, the Baltimore Veteran Druggists Association, the Wedgewood Club and the Fifteen Club. His activities included leadership in the Kelly Memorial Building Fund and the Baltimore Drug Exchange.

Dr. Black married the former Miss Alice Evelyn Richter in 1909.

In 1948, when he had completed his fiftieth year with Hynson, Westcott and Dunning, Inc., he was honored with an elaborate dinner and was presented with the diamond emblem of the firm, along with many other tributes.

He had been a member of the Masonic Order.

At the time of his death, he was Treasurer Emeritus of the Baltimore Metropolitan Pharmaceutical Association, a position he held since January 1954.

Dr. Black is survived by a niece, Mrs. Charlotte Clarke, and a nephew, Mr. James Black.

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Maryland Pharmacist Committee

Paul H. Friedel, Chairman
Joseph Muth
George A. Kommalan, Board Advisor
L. Scott Grauel

Volume 22 SEPTEMBER 1964 No. 12

Tampa Meeting

On Saturday, September 12, 1964 a large turnout of TAMPA members met at Bill Pellington's Iron Horse in Lutherville to honor retiring President John C. Cornmesser and to welcome the new President, Alfred E. Callahan, to the helm.

Prior to actual installation ceremonies, all committee chairmen made their final reports, recapping the year's activities, after which they were officially discharged from their duties by outgoing President John Cornmesser.

Past President Sheeler Read was called on to give the installation speech, welcoming Al Callahan to the Presidency. Following this, Al Callahan was presented the ceremonial gavel, signifying the office of the President.

A special presentation was made to outgoing President John Cornmesser, who received an inscribed silver bowl and other gifts commemorating his tenure in office. Special notice was taken of John Crozier who served admirably as both Secretary and Treasurer during the year. President Callahan then introduced the officers, directors and committee chairmen of his administration.

It was announced that the fund raising method formerly used to build the Emory Helm fund would be discontinued. Secretary - Treasurer John Crozier announced a new TAMPA membership roster would be shortly sent to all members.

Following the President's Ball — Ladies Night in November, the other events that have tentatively been scheduled are:

December 12th — Christmas Party for children at Kernan Hospital for Crippled Children. Entertainment, ice cream and candy.

January 9th—Good Will meeting.

February 6th—Oyster Roast, Knights of Columbus Hall—Highlandtown.

March 6th — Past Presidents day.

April 3rd — Plans not completed.

May 1st—Ladies day luncheon.

June 5th—Pre-convention meeting.

Committees

Attendance: Leo (Doc) Kallejian, Chairman; Kenneth L. Whitehead, Board Advisor.

Custodian: Abrian Bloom, Chairman; John D. Davidson, Board Advisor.

Luncheon: Joseph J. Hugg, Chairman; William A. Pokorny, Board Advisor.

Maryland Pharmacist: Paul H. Friedel, Chairman; George H. A. Kommalan, Board Advisor.

Membership: C. Wilson Spilker, Chairman; Howard L. Dickson, Board Advisor.

Program: Donald E. Steiner, Chairman; Frank J. Slama, Board Advisor.

Publicity: Frank Watkins, Chairman; Swen Justis, Board Advisor.

Welfare: Harry A. Sears, Chairman; Robert A. Williams, Board Advisor.

Emory G. Helm Memorial Fund: J. William Gehring, Chairman; Joseph A. Costanza, Board Advisor.

Ways & Means: Louis M. Rockman, Chairman, and Past Presidents.

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Baltimore Metropolitan Pharmaceutical Association

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PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

The regular monthly meetings of the Baltimore Metropolitan Pharmaceutical Association have continued to bring important information to our members.

Our meeting on September 24th featured two valuable and interesting subjects. First, Irving Rubin, Editor of the "American Professional Pharmacist" and Rx Health spoke on "Pharmacy To-day: Commercial and Professional". He analyzed those factors which tend to make community pharmacy a professional operation and those factors which tend to make it a commercial operation. He made suggestions as to how independent pharmacists can compete successfully with super-markets and discount pharmacies.

Mr. R. C. Eustice, President of Mid-Atlantic Associates, Inc. presented a talk for Helmac Products Corp. on "New Clothing Care Center Concept". Helmac Products was the host for a delicious buffet.

Along with Secretary Gruz and legal counsel Joseph Kaufman, I attended a conference regarding excise taxes with the District Director of Internal Revenue Irving Machiz, Rudolph H. Fellman, Chief, Audit Division, and Mrs. Ann U. Doherty, Tax Technician. We met to review the request by the Internal Revenue Service for additional information regarding excise tax returns.

At this meeting several alternative methods that could be used in complying with the requests for information about total purchases and purchases of taxable items were presented by these officials. It is our aim to make it as easy as possible for proprietors of pharmacies to comply with excise tax regulations.

I look forward to seeing you at all our functions. They are designed for your benefit. Be sure to attend our regular meetings and the Installation Dinner Meeting on January 14th at the Emerald Gardens. You will receive details shortly.

Sincerely,

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President

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NEWS ITEMS . . . . . .

Medical Research Spending $1 - $2 Billion

Expenditures for medical research in this country amounted to about $1,470 million last year, with an additional $99 million spent by the federal government on new buildings for research.

About two thirds of the medical research funds came from government and about one fourth from the pharmaceutical industry. The remaining one tenth was from private foundations and other private sources.

Recent Trends

In its bi-monthly statistical bulletin, **Progress in Health Services**, the Health Information Foundation reported on recent trends in spending for medical research.

Medical research has been growing in importance, the Foundation said, and expenditures have increased greatly in recent years.

Spending for medical research in 1963 was 74 per cent higher than in 1960 and about 1600 per cent higher than in 1947. If this trend continues, the bulletin noted, annual national expenditures may reach $3.3 billion in 1970.

Total Expenditures

"As a proportion of the nation's total expenditures for all research and development, however," the bulletin pointed out, "medical research expenditures changed little."

The $161 million expended for medical research in 1950 was about 6 per cent of the total for all research and development. By 1963 it had increased to 8 per cent of the national total.

Important Role

The bulletin stated that the federal government has come to play an increasingly important role in medical research. Between 1947 and 1963, federal expenditures for medical research increased 34 times, from $27 million to $924 million, while expenditures by all other sources increased nine times, from $60 million to $546 million.

"Analysis of current expenditures," said George Bugbee, Foundation Director, "while not answering all questions raised by critics, is reassuring."

"Such analysis," Mr. Bugbee noted, "seems to support the several expert committees appointed by government which have recommended a continuing increase in medical research expenditures."

Allegany - Garrett Counties Pharmaceutical Assn.

The first meeting of the current year of the Allegany-Garrett Counties Pharmaceutical Association was held on Sunday, September 20, 1964 at the Cumberland Country Club.

Mr. Solomon Weiner and Mr. Nathan Gruz, president and executive secretary respectively of the Maryland Pharmaceutical Association, were honored guests.

Mr. Francis Balassone, Secretary of the Maryland State Board of Pharmacy, was one of the speakers. Mr. Balassone outlined a number of areas in the practice of pharmacy which have been trouble spots recently.

Also speaking was Mr. Joseph Ackourey of the Ciba Pharmaceutical Co. He presented one of the talks he is prepared to give to lay audiences as part of a speakers' bureau for Pharmacy.

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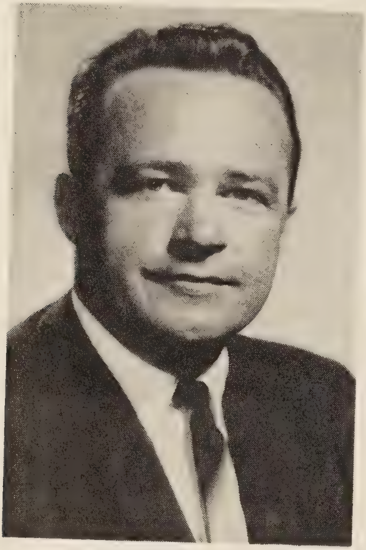
New Appointments At H. B. Gilpin

Three new appointments in the Henry B. Gilpin Company, wholesale drug firm, were announced by James E. Allen, President.

L. Scott Grauel is new manager of Gilpin's wholesale drug house in Baltimore, and W. Luther Skinner, Jr., manager of the Norfolk, Virginia, branch.

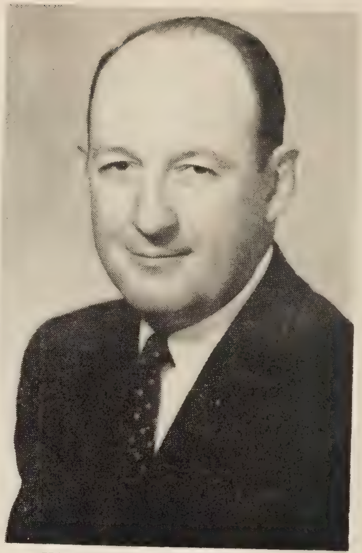
The third appointment was that of Charles M. Gott, new Assistant Manager of the Dover Division of Gilpin.



L. SCOTT GRAUEL

After graduating from the Philadelphia College of Pharmacy & Science, Mr. Grauel pursued a broad drug industry career, including retail pharmacy and drug wholesaling. Starting in the Washington Division in 1950, his most recent promotion is from Field Sales Manager of the Gilpin Norfolk Division.

W. Luther Skinner, Jr. has been associated with Gilpin for the past 26 years, having served in all departments, including management of a sales territory



W. LUTHER SKINNER, JR.

CHARLES M. GOTT

in the field. In 1961 he was promoted from Operations Manager of the Norfolk Division to Manager of the Baltimore Division, where he has served with distinction. With W. Luther Skinner, Sr.'s anticipated retirement in December, W. Luther Skinner, Jr. returns to Norfolk as head of the Division there.

Starting with Gilpin in 1944, Mr. Gott took time out for military service and attendance at the George Washington University School of Pharmacy. He was transferred to the Dover Division in 1959, heading the Telephone Sales Department and Buying.

Remington Honor Medalist

Dr. Robert A. Hardt, pharmacist, industry executive and Councilor of the American Pharmaceutical Association, has been selected as the 1964 Remington Honor Medalist.

He received this award in recognition of his role in developing good relations between the profession of pharmacy and the pharmaceutical industry.

Dr. Hardt, the 40th recipient of this award graduated from the University of Nebraska School of Pharmacy in 1921.

Youngest Board Member

At 23, two years after graduation, he was appointed to the Nebraska State Board of Pharmacy, becoming the youngest pharmacy board member in the nation at the time.

The 1964 Remington Medalist has served as a member of the Citizens Advisory Committee of the Food and Drug Administration; received honorary doctor degrees from Rutgers University and the Massachusetts College of Pharmacy; named American Druggist "Man of the Year" for 1957; and is the author of several books on pharmacy.

The Remington Medal was established in 1918 by the New York Chapter of the A.Ph.A. for the individual who has done the most for American Pharmacy.

Cardiologist Explains Why Heart Muscle Doesn't Tire

What may be the solution of a mystery science has pondered for two thousand years—why normal heart muscle does not tire as skeletal muscles do—was offered before the Third European Regional Conference on Electron Microscopy.

Dr. Bruno Kisch, director of the Electron Microscopic Research Institute of City Hospital, Elmhurst, New York City, made the report.

Heart Muscle

According to Dr. Kisch who uses a the protoplasm of heart muscle cells are diovascular system, the heart muscle cell contains 300 to 400 times the number of fatigue-fighting submicroscopic particles as does the skeletal muscle cell.

The submicroscopic particles within the protoplasm of heart muscle cells are called sarcosomes. These, Dr. Kisch explained, are mitochondria that contain and probably produce enzymes which detoxify fatigue-causing metabolites produced by exertion.

Muscle Cells

This action occurs in all muscle cells. In most skeletal muscles, Dr. Kisch noted, sarcosomes are too few to prevent the accumulation in steady work of toxic metabolites, and resultant fatigue. In heart muscle cells, by contrast, their number is so great that—except in heart failure—fatigue toxins have no chance to build up.

The number of sarocosomes is in fact so great in a heart muscle cell, Dr. Kisch reported—and showed electron micrograph slides to demonstrate it—that their mass in some places exceeds that of the contractile fibers.

Dr. Kisch's discovery has immediate medical applicability, he suggested in an interview. It can, for example, be employed to test heart stimulants, or cardiotonic drugs, he said.

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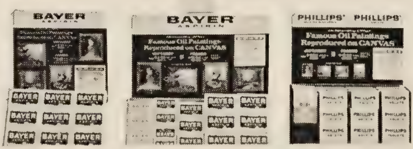
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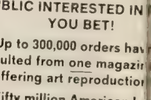
- 1 pole with pad of coupons
- 2 over-the-wire pennants
- 1 large exciting banner
- 6 shelf talkers with coupons
- 1 framed picture 19" x 23"

Bonanza #2

UNBELIEVA
CONSUME
OFFER

Famous oil paintings repro canvas. A terrific value nev offered.

Your customers choose from paintings by world famous reproduced on canvas . . . in walnut finish hardwood fram



$10.00 value for $3.00, or two f

Unframed $1.00 each, or four f

PUBLIC INTERESTED IN YOU BET!

- **Up to 300,000 orders hav sulted from one magazi offering art reproductio**
- **Fifty million American h are decorated with pict**
- **More people visit art m ums than attend major le baseball games!**

ALL Bonanza

Bonanza #3

GGEST RETAILER CONTEST EVER!

270 PRIZES Retail value of over $60,000

TERRIFIC CHANCE FOR YOU TO WIN

5—1st PRIZES—FORD MUSTANGS
Hard-top, radio, heater, white-walls, carpeting, automatic transmission.

5—2nd PRIZES—MOTOR BOATS
Lone Star Cadet Boat and Evinrude motor, 14 ft. fiberglass sports boat.

5—3rd PRIZES—APACHE CAMPING TRAILERS
"Silver Eagle Model," sleeps 4. Opens up to full 14′ x 7′ size.

th PRIZES
Color Television
Console model with
reen. Beechwood

10—5th PRIZES
Portable Kitchenmaid dishwasher—King size capacity with automatic lift top rack. Push button cycle selection.

10—6th PRIZES
Honda Motor Scooters
Five horsepower engine that gives you up to 225 miles per gallon.

th PRIZES
ng Golf Sets—
te registered set of
ds, 8 irons, putter
g.

25—8th PRIZES
RCA Victor Stereo Hi-Fi—The magic of stereo in a magnificent console design.

25—9th PRIZES
G.E. Portable TV Sets
Eleven inches of "See anywhere daylight blue" picture. Only 12 pounds.

0th PRIZES
ite '64 Portable
writers—Full size
ard, top quality
e finish complete
arrying case.

500—11th PRIZES
RCA Clock Radios—
Lets you wake up to music automatically.

600—12th PRIZES
Toaster-Bakers by Proctor—The table top appliance that toasts or bakes.

Bonanza #4

PLUS 7 EXTRA PROFIT DEALS!

See your wholesaler salesman for details

GLENBROOK LABORATORIES
DIVISION OF STERLING DRUG INC.
New York, New York

Mid-Atlantic Associates Buys Scott Sales

Mid-Atlantic Associates, Inc., Silver Spring, Maryland, manufacturers' representative, has taken over the operation of the William George Scott Sales Agency of Philadelphia, Pa., effective immediately.

Mr. Russell C. Eustice, Mid-Atlantic Associates President, said the move would enable his organization to give improved sales service and coverage.

Each major market in the six-state area covered by Mid-Atlantic will have at least two resident representatives under the new organization.

Among the manufacturers represented by Mid-Atlantic are Armstrong Cork Co., Casco Products, DeVilbiss, DuPont, Helmac, Pioneer Rubber, and Trim.

New Name For Youngs Rubber

Youngs Rubber Corporation has changed its name to Youngs Drug Products Corporation.

This alteration has been made to conform with the company's policy of expanding product diversification.

40 Years of Service

Starting its national pioneer drugstore—only policy in the prophylactic field with the famous TROJAN line nearly 40 years ago, Youngs now also produces and markets a number of personal care items, including BIDETTE, ATHA-SPRAY, ATHA-POWER and the WASH-UP towelette family of products.

All its products are sold under the company's traditional method of exclusive pharmacy distribution.

Increasing Needs

A flexible packaging division has recently been organized to service and accommodate the public's increasing needs for a variety of pharmaceutical and hygienic products in convenient individual packet form.

Richard L. Weir, Representative For Smith Kline & French Laboratories

RICHARD L. WEIR

Richard L. Weir, a former student at the University of Maryland, is a Distribution Services Representative for Smith Kline & French Laboratories, the Philadelphia pharmaceutical firm.

Weir joined Smith Kline & French in 1958 as a Professional Service Representative and was promoted to his present position in 1962.

As a Distribution Services Representative, he helps the Professional Service Department's field management to insure best distribution and availability of company products.

Weir attended the University of Maryland after serving four years in the United States Air Force. He now lives in Riverton, New Jersey, with his wife and three children.

How to make cool profits on soft drinks

Stock the hot ones!

Offer your customers everything they could possibly want in soft drinks. Choice of flavors—we've got them for you! Wide selection of packages—offer your customers returnables, no-returns and cans! Low-cal's, too—we've got them in all the best-selling flavors! We offer you an extensive, well-promoted line, that means sure profits for you. Call us now. It's good business . . . for you.

Pepsi-Cola Bottling Co. of Baltimore/LE 9-7171
Suburban Club Carbonated Beverage Co., Inc./OR 5-0100

AQUAPAC selected skins
—only the primes are processed.
Not just wet—but also lubricated and rolled
Lowest cost—greatest percentage of profit
Professionally promoted—presold
Unconditionally Guaranteed!
SELL ON OPEN CALL.
Retail $6.50 dozen—3 for $1.75

American Hygienic Co.
111 S. Paca Street, Baltimore,1, Maryland
Represented by—IRV. NORWITZ

AID HELPS MD'S CHOOSE PEDIATRIC VITAMINS

A "Slide-rule" has been developed by The Upjohn Company to aid physicians in choosing the pediatric vitamin or vitamin-fluoride formula best suited to his young patients' individual needs.

The handy device provides complete information on four fluoride-vitamin products — Upjohn's Adeflor family — and an equal number of nonfluoridated vitamins.

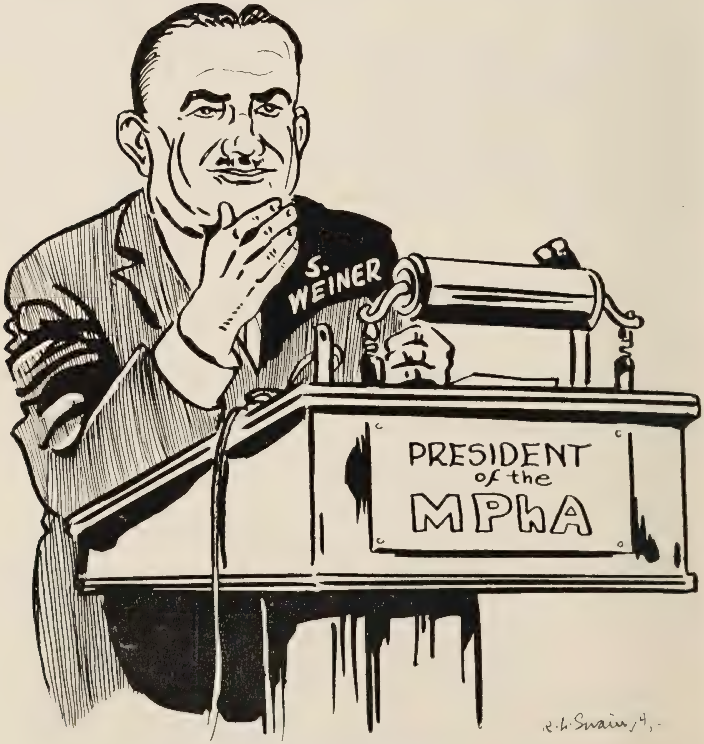
Because many studies have shown that fluoride's tooth decay protection is best begun in pregnancy, the slide-rule includes information on Adeflor Prenatal for expectant mothers.

OPPORTUNITY

When a pessimist thinks he's taking a chance, the optimist feels he is grasping an opportunity.

NEW COMPOUND

Now, they tell us they have discovered a new cigaret with a filter that also contains a tranquilizer. You may still get lung cancer, but you won't give a darn.



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Arrangements Committees Named For 1965 A.Ph.A. Convention

Merrill E. Gowman, practicing community pharmacist of Detroit, Michigan, and president-elect of the Metropolitan Detroit Pharmaceutical Association, has been named chairman of the 1965 American Pharmaceutical Association Local Arrangements Committee, according to an announcement made by A.Ph.A. President J. Curtis Nottingham.

The 1965 A.Ph.A. annual meeting is to be held in Detroit March 28th through April 2nd.

Leaders Selected

At the organizing meeting of the local Arrangements Committee held in Detroit on September 30th, Chairman Gowman singled out several leaders in Michigan pharmacy to assist the Local Arrangements Committee. They include Dean Martin Barr of the Wayne State University College of Pharmacy as Chairman of the Reception Committee and Morris Regoff, editor of the Metropolitan Pharmaceutical Association Newsletter, as Chairman of the Hospitality Committee.

Women's Committee

The Women's Committee will be chaired by Mrs. Sarah Smith, wife of a Livonia, Michigan, community practitioner, and the Publicity Committee will be under the direction of the former A.Ph.A. Director of Public Relations, S. John Byington.

Most sessions of the 1965 A.Ph.A. annual meeting will be held in Detroit's Cobo Hall, a $55 million convention center covering 17 acres of land and housing 51 acres of floor space located in the heart of the new Civic Center on the Detroit River.

Other Groups

Meeting with the A.Ph.A. in Detroit the week of March 28, 1965, are the American Association of Colleges of Pharmacy; the American College of Apothecaries; the American Society of Hospital Pharmacists; the American Institute of History of Pharmacy; the National Association of Boards of Pharmacy; the National Conference of State Pharmaceutical Association Secretaries; and the Metropolitan Pharmaceutical Association Secretaries, as well as the A.Ph.A. House of Delegates, the Women's Auxiliary, and the A.Ph.A. Sections on General Practice of Pharmacy, Scientific, Industrial, Pharmaceutical Technology, Military, Historical and Student.

Store Modernization Information Sources

"Are You Using Your Space Effectively?" Technical Aids for Small Manufacturers No. 77, November-December 1961. Small Business Administration, Washington, D.C. 20416. Free.

Buildings For Business, A Design for Profit. The American Institute of Architects, 1735 New York Avenue, N.W., Washington 6, D.C. Free.

"Store Modernization Checklist" in Small Marketers Aid Annual No. 5. 1963. Small Business Administration. Available for 35 cents from Superintendent of Documents, Washington, D.C. 20402.

"Color Can Stimulate Sales." Small Marketers Aids No. 95. November 1962. Small Business Administration, Washington, D.C. 20416. Free.

"How Material and Design Can Cut Maintenance Costs," in *Stores*, July-August 1963. $6 per year, 65 cents single copy. National Retail Merchants Association, 100 West 31 St., New York 1, N.Y.

"Economy Without Austerity," in *Stores* July-August 1963. $6 per year, 65 cents single copy. National Retail Merchants Association, 100 West 31 St., New York 1, N.Y.

"Shops and Stores" by Morris Ketchum, Jr., F.A.I.A. 1957. $9.95. Reinhold Publishing Corp., 430 Park Ave., New York, N.Y.

"Good Architecture is Good Business," article in Department Store Economist Magazine, March, 1962. $17.50 per year. Chilton Co., Chestnut & 56th Sts., Phila., Pa.

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Staph-Free Newborns are Healthies—And so are Parents—Yale Study Shows

Newborn babies who leave the hospital without becoming colonized with "hospital staph" germs remain free of infections during the critical first 6 months of life, according to a Yale Medical School study reported here today.

These conclusions are based on a year-long study of 182 families in the New Haven, Conn., area during which weekly examinations were conducted.

The 182 families were divided into three approximately equal categories of about 60 each so that they represented roughly similar social, economic, and ethnic groupings.

Group 1 was composed of babies that had been subjected to the Phisohex-bath technique developed by Dr. Louis Gluck and others in Stanford and Yale teaching hospitals. These babies were checked out with no record of colonization.

Group 2 was composed of babies not washed with Phisohex but, who also, were checked out with no colonization.

Group 3 was composed of babies not washed with Phisohex and who carried staph colonies when they left the hospital.

Group 1 babies had no cases of staph infections during the first 6 months. Members of their families had no staph infections in the first 3 months.

Group 2 babies showed a 1½ per cent rate of staph infections in the first 6 months; and 11 per cent of group 3 babies came down with staph infections in the same period.

In this study a lowered rate of nasal colonization and clinical staphylococcal infection were seen amongst the babies who had had Phisohex skin care in the hospital, the effect lasting until the sixth to ninth month. A similar but less marked trend was also noted among the family members.

OBITUARIES

DR. MILTON S. SACKS

Dr. Milton S. Sacks, 54, noted hematologist and a member of the faculty of the University of Maryland Medical School, died October 3rd.

He graduated from Baltimore City College in 1927, from the University of Maryland School of Pharmacy in 1930, and from the University of Maryland Medical School in 1934.

Head of Division of Clinical Pathology at University Hospital, Dr. Sacks spoke on "Blood Cyscrasias And Other Side Effects of Drugs" at the 1963 Robert L. Swain Pharmacy Seminar.

GRAY PORTIS RANSOM, SR.

Gray P. Ransom, Sr., 72, a pharmacist who had worked in 170 drug stores in Washington since 1930, died of a heart attack in Atlantic City September 29th.

A native of Williamston, S. C., Mr. Ransom came to Washington in 1930 after attending Auburn University. He was employed by Drug Fair at the time of his death.

Mr. Ransom was a registered pharmacist in Maryland, Virginia and Washington, D.C.

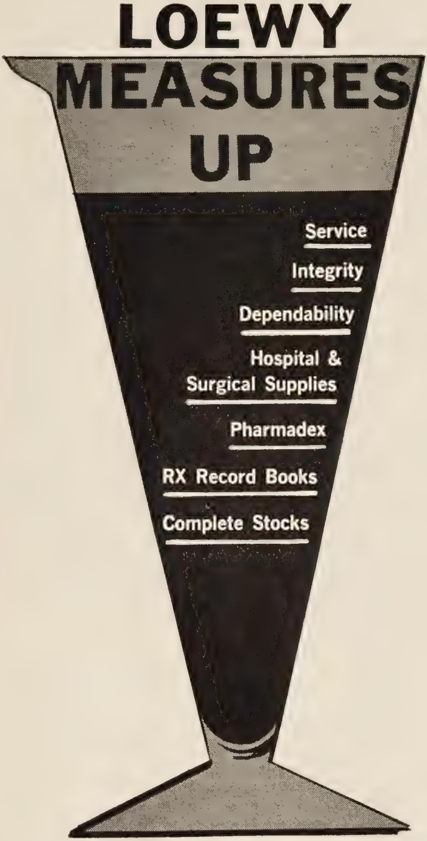
He is survived by three sons, Gray Portis Ransom, Jr., Robert P. and Gene Mallard.

A. JEROME ITZOE

Andrew Jerome Itzoe, 59, associated with the Chase Pharmacy and its predecessor, the Hynson, Westcott & Dunning Pharmacy, for the past thirty-seven years, died September 9th.

A native of New Freedom, Pennsylvania, he received his Ph.G. from the University of Maryland School of Pharamcy in 1927.

He is survived by his widow, Alice, and a daughter, Charlotte.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